

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Dupont Hospital

Year: 2004 City: Fort Wayne Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$54,346,654	Salaries and Wages	\$17,550,005
Outpatient Patient Service Revenue	\$57,050,368	Employee Benefits and Taxes	\$4,043,545
Total Gross Patient Service Revenue	\$111,397,022	Depreciation and Amortization	\$3,597,695
2. Deductions from Revenue		Interest Expenses	\$2,243,280
Contractual Allowances	\$47,108,742	Bad Debt	\$2,898,413
Other Deductions	\$0	Other Expenses	\$20,910,905
Total Deductions	\$47,108,742	Total Operating Expenses	\$51,243,843
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$64,288,280	Net Operating Revenue over Expenses	\$13,557,998
Other Operating Revenue	\$513,561	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$64,801,841	Total Net Gain over Loss	\$13,557,998

6. Assets and Liabilities	
Total Assets	\$52,480,702
Total Liabilities	\$32,235,162

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$22,331,444	\$14,933,103	\$7,398,341
Medicaid	\$2,280,448	\$2,177,620	\$162,828
Other State	\$7,370	\$0	\$7,370
Local Government	\$1,279,821	\$822,925	\$456,896
Commercial Insurance	\$85,396,862	\$29,108,742	\$64,288,280
Total	\$111,396,945	\$47,108,742	\$64,288,280

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Brandy Hanners

Telephone Number 260/416-3023

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	368	656
2. % of Salary	Salary Expenses divided by Total Expenses	34.2%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	39.0	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,260	\$13,629
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,656	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	51.2%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,058	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	20.0%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.7%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	20.9	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Parkview Noble Hospital

Year: 2004 City: Kendallville Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$14,784,786	Salaries and Wages	\$10,911,658
Outpatient Patient Service Revenue	\$33,624,409	Employee Benefits and Taxes	\$2,946,565
Total Gross Patient Service Revenue	\$48,409,195	Depreciation and Amortization	\$1,226,474
2. Deductions from Revenue		Interest Expenses	\$521,280
Contractual Allowances	\$19,045,926	Bad Debt	\$3,518,292
Other Deductions	\$948,911	Other Expenses	\$8,879,643
Total Deductions	\$19,994,837	Total Operating Expenses	\$28,003,912
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$28,414,358	Net Operating Revenue over Expenses	\$1,251,011
Other Operating Revenue	\$840,565	Net Non-operating Gains over Losses	(\$2,943,833)
		Total Net Gain over Loss	(\$1,692,822)

Total Operating Revenue	\$29,254,923
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$11,880,295
Total Liabilities	\$11,880,295

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$19,469,142	\$12,647,173	\$6,821,969
Medicaid	\$5,348,730	\$4,035,070	\$1,313,660
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$23,591,324	\$2,847,429	\$20,743,895
Total	\$48,409,196	\$19,529,672	\$28,879,524

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$95,716	(\$95,716)

Educational	\$625	\$5,171	(\$4,546)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	55,555
Number of Citizens Exposed to Health Education Message	81,808

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Noble	Community Served	Noble County
------------------------	-------	-------------------------	--------------

Hospital Mission Statement

“Parkview Health System will provide quality health services to all who entrust their care to us and we will work to improve the health of our communities”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2003

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	432	668	679
Charity Care Allocation	(\$101,228)	(\$258,823)	(\$236,843)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Community Health Education	(\$62,571)
Certified Athletic Training	(\$20,000)
EMS Youth Summer Camp	(\$16,000)

Youth Program Drug Education	(\$10,000)
Other	(\$113,365)
Subtotal	(\$221,996)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$4,115,813)
2. Community Health Education	(\$4,546)
3. Community Programs and Services	(\$121,734)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$4,242,093)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Jane Roush

Telephone number: 260/347-8809

Web Address Information: www.Parkview.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	249	225
2. % of Salary	Salary Expenses divided by Total Expenses	39.0%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	13.5	15.8

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,720	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,465	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.5%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$602	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.2%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	12.6%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$236,843)((\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.3	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Our Lady of Peace Hospital

Year: 2004 City: South Bend Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$24,232,524	Salaries and Wages	\$3,345,614
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$955,296
Total Gross Patient Service Revenue	\$24,232,524	Depreciation and Amortization	\$33,420
2. Deductions from Revenue		Interest Expenses	\$37,817
Contractual Allowances	\$13,936,268	Bad Debt	\$44,166
Other Deductions	\$81,083	Other Expenses	\$4,503,689
Total Deductions	\$14,017,351	Total Operating Expenses	\$8,920,002
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$10,215,173	Net Operating Revenue over Expenses	\$1,459,381
Other Operating Revenue	\$164,210	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$1,459,381

Total Operating Revenue	\$10,379,383
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$2,443,767
Total Liabilities	\$1,622,234

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,015,889	\$12,391,959	\$7,623,930
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$4,216,635	\$1,544,309	\$2,672,326
Total	\$24,232,524	\$13,936,268	\$10,296,256

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	St Joseph	Community Served	St Joseph County
------------------------	-----------	-------------------------	------------------

Hospital Mission Statement

“We serve together in Trinity in the spirit of the Gospel to heal body, mind, and spirit to improve the health of our communities and to steward the resources entrusted to us”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	5	1	7
Charity Care Allocation	(\$124,000)	(\$3,458)	(\$81,083)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$29,190)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$29,190)
2. Community Health Education	\$0
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$29,190)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Christine Voorde

Telephone number: 574/251-8238

Web Address Information: www.ourladyofpeacehospitaltrinity-health.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	62	225
2. % of Salary	Salary Expenses divided by Total Expenses	37.5%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	24.3%	15.8%
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	27.1	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$15,362	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$74,106	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NR	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	82.6%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.5%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$29,190)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	14.1	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Women's Hospital of Southern Indiana

Year: 2004 City: Newburgh Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$47,079,301	Salaries and Wages	\$10,255,302
Outpatient Patient Service Revenue	\$9,599,992	Employee Benefits and Taxes	\$2,625,314
Total Gross Patient Service Revenue	\$56,679,293	Depreciation and Amortization	\$894,327
2. Deductions from Revenue		Interest Expenses	\$201,685
Contractual Allowances	\$25,123,664	Bad Debt	\$527,863
Other Deductions	\$2,555,573	Other Expenses	\$14,221,303
Total Deductions	\$25,379,237	Total Operating Expenses	\$28,725,794
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$31,300,056	Net Operating Revenue over Expenses	\$3,279,066
Other Operating Revenue	\$704,804	Net Non-operating Gains over Losses	\$16,157
Total Operating Revenue	\$32,004,860	Total Net Gain over Loss	\$3,295,223

6. Assets and Liabilities	
Total Assets	\$9,766,930
Total Liabilities	\$5,724,899

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$2,176,510	\$1,168,078	\$1,008,432
Medicaid	\$16,194,512	\$12,600,010	\$3,594,502
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$38,308,271	\$11,355,576	\$26,952,695
Total	\$56,679,293	\$25,123,664	\$31,555,629

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$85,984	(\$85,984)
Educational	\$30,015	\$156,500	(\$126,485)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	1,347
Number of Citizens Exposed to Hospital's Health Education Messages	100,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$6,034,094	\$9,810,902	(\$3,776,808)
Community Benefits	\$0	\$136,246	(\$138,246)

For further information on this report, please contact:

Hospital Representative Martha McClain

Telephone Number 812/842-4200

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	274	137
2. % of Salary	Salary Expenses divided by Total Expenses	35.7%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	48.0	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.5	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$10,246	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,845	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	16.9%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,506	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	3.8%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	1.8%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$130,261)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.2	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Select Specialty Hospital Bloomington

Year: 2004 City: Bloomington Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$16,280,120	Salaries and Wages	\$2,988,375
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$812,155
Total Gross Patient Service Revenue	\$16,280,120	Depreciation and Amortization	\$131,747
2. Deductions from Revenue		Interest Expenses	\$5,984
Contractual Allowances	\$8,544,332	Bad Debt	\$184,814
Other Deductions	\$2,522	Other Expenses	\$3,142,206
Total Deductions	\$8,546,854	Total Operating Expenses	\$7,265,281
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$7,733,266	Net Operating Revenue over Expenses	\$468,877
Other Operating Revenue	\$892	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$7,734,158	Total Net Gain over Loss	\$468,877

		6. Assets and Liabilities	
		Total Assets	\$1,400,018
		Total Liabilities	\$1,604,363

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$13,761,053	\$7,826,576	\$5,934,477
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$2,519,067	\$720,278	\$1,798,789
Total	\$16,280,120	\$8,545,854	\$7,733,266

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Bill Shearer

Telephone Number 812/353-2002

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	60	137
2. % of Salary	Salary Expenses divided by Total Expenses	41.1%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	16.4	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	27.0	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$73,334	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$73,334	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NA	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	84.5%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.5%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.1	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Heart Center of Indiana

Year: 2004 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$132,893,118	Salaries and Wages	\$17,652,922
Outpatient Patient Service Revenue	\$33,236,221	Employee Benefits and Taxes	\$4,223,271
Total Gross Patient Service Revenue	\$166,129,339	Depreciation and Amortization	\$6,114,224
2. Deductions from Revenue		Interest Expenses	\$1,998,459
Contractual Allowances	\$72,978,280	Bad Debt	\$3,135,969
Other Deductions	\$1,381,226	Other Expenses	\$44,297,189
Total Deductions	\$74,359,506	Total Operating Expenses	\$77,422,034
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$91,769,833	Net Operating Revenue over Expenses	\$14,847,130
Other Operating Revenue	\$499,331	Net Non-operating Gains over Losses	\$258,096
Total Operating Revenue	\$92,269,164	Total Net Gain over Loss	\$15,105,226

6. Assets and Liabilities	
Total Assets	\$80,682,969
Total Liabilities	\$65,375,187

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$100,752,896	\$54,617,352	\$46,135,544
Medicaid	\$2,000,759	\$2,462,459	(\$461,700)
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$63,375,685	\$13,923,162	\$46,095,987
Total	\$166,129,340	\$59,692,444	\$91,769,831

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$543,000	(\$543,000)

Research	\$38,690	\$13,476	\$25,214
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	75
Number of Hospital Patients Educated In This Hospital	10,950
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$3,426,573	(\$3,426,573)
Community Benefits	\$0	\$40,534	(\$40,534)

For further information on this report, please contact:

Hospital Representative Lisa Earl

Telephone Number 317/583-5000

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	324	137
2. % of Salary	Salary Expenses divided by Total Expenses	22.8%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	46.5	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$26,410	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	20.0%.	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$7,531	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	60.6%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.1%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$96,575)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	16.1	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Indiana Heart Hospital

Year: 2004 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$126,346,820	Salaries and Wages	\$15,441,066
Outpatient Patient Service Revenue	\$45,656,269	Employee Benefits and Taxes	\$3,046,950
Total Gross Patient Service Revenue	\$172,003,089	Depreciation and Amortization	\$5,390,016
2. Deductions from Revenue		Interest Expenses	\$5,830,757
Contractual Allowances	\$87,296,675	Bad Debt	\$2,841,203
Other Deductions	\$1,246,786	Other Expenses	\$44,694,203
Total Deductions	\$88,543,461	Total Operating Expenses	\$77,244,495
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$83,459,628	Net Operating Revenue over Expenses	\$7,703,465
Other Operating Revenue	\$1,483,333	Net Non-operating Gains over Losses	(\$5,000)
Total Operating Revenue	\$84,947,961	Total Net Gain over Loss	\$7,698,465

6. Assets and Liabilities	
Total Assets	\$72,513,672
Total Liabilities	\$60,306,137

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$93,874,589	\$61,506,334	\$32,368,255
Medicaid	\$5,800,417	\$2,847,989	\$2,952,428
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$73,328,082	\$22,942,352	\$50,385,730
Total	\$172,003,088	\$87,296,675	\$85,706,413

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$136,753	\$210,313	(\$73,559)

Research	\$158,994	\$323,380	(\$164,385)
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	28
Number of Hospital Patients Educated In This Hospital	9,877
Number of Citizens Exposed to Hospital's Health Education Messages	820

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$35,320,683	\$38,723,692	(\$3,403,009)
Community Benefits	\$450	\$586,832	(\$586,382)

For further information on this report, please contact:

Hospital Representative Mark Smith

Telephone Number 317/453-4100

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	313	137
2. % of Salary	Salary Expenses divided by Total Expenses	20.0%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	35.6	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.5	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,828	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$33,549	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	26.5%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$4,920	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	54.6%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.7%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$478,392)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.1	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: St Elizabeth Ann Seton Indianapolis

Year: 2004 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$17,290,336	Salaries and Wages	\$5,016,006
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$646,792
Total Gross Patient Service Revenue	\$17,290,336	Depreciation and Amortization	\$94,825
2. Deductions from Revenue		Interest Expenses	\$111,751
Contractual Allowances	\$5,466,036	Bad Debt	\$71,546
Other Deductions	\$48,616	Other Expenses	\$3,904,536
Total Deductions	\$5,514,652	Total Operating Expenses	\$9,845,456
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$11,775,684	Net Operating Revenue over Expenses	\$1,948,593
Other Operating Revenue	\$18,365	Net Non-operating Gains over Losses	\$7,211
Total Operating Revenue	\$11,794,049	Total Net Gain over Loss	\$1,955,804

6. Assets and Liabilities	
Total Assets	\$4,033,682
Total Liabilities	\$3,986,688

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$11,861,314	\$4,332,270	\$7,529,044
Medicaid	\$59,864	\$134,277	(\$74,413)
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$5,369,158	\$1,048,105	\$4,321,053
Total	\$17,290,336	\$5,514,652	\$11,775,684

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$3,549	(\$3,549)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

%

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits			
Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$6,753,832	\$6,831,188	(\$77,356)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Kathy Edwards

Telephone Number 317/338-5767

**STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	64	137
2. % of Salary	Salary Expenses divided by Total Expenses	50.9%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	26.1	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	31.9	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$72,424	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$58,021	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	NR	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NR	\$833

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	68.6%	56.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.7%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$20,279)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	16.5	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: St Elizabeth Ann Seton Hospital Kokomo

Year: 2004 City: Kokomo Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$12,481,124	Salaries and Wages	\$3,691,657
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$543,639
Total Gross Patient Service Revenue	\$12,481,124	Depreciation and Amortization	\$119,459
2. Deductions from Revenue		Interest Expenses	\$78,185
Contractual Allowances	\$4,245,126	Bad Debt	\$4,540
Other Deductions	\$14,914	Other Expenses	\$2,504,650
Total Deductions	\$4,260,040	Total Operating Expenses	\$7,212,130
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$8,221,084	Net Operating Revenue over Expenses	\$1,009,197
Other Operating Revenue	\$243	Net Non-operating Gains over Losses	\$5,645
Total Operating Revenue	\$8,221,327	Total Net Gain over Loss	\$1,014,842

6. Assets and Liabilities	
Total Assets	\$2,867,175
Total Liabilities	\$2,670,598

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$11,072,277	\$3,787,529	\$7,284,748
Medicaid	\$218,068	\$213,536	\$4,532
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$1,190,779	\$258,975	\$931,804
Total	\$12,481,124	\$4,260,040	\$8,221,084

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$2,423	(\$2,423)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$6,397,562	\$6,501,672	(\$104,110)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Kathy Edwards

Telephone Number 765/236-8900

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	40	137
2. % of Salary	Salary Expenses divided by Total Expenses	54.9%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	18.6	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	29.6	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$71,387	\$29,901
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$54,503	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	NP	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	88.7%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.1%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$10,781)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.3	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Regency Hospital of Northwest Indiana

Year: 2004 City: East Chicago Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$33,709,867	Salaries and Wages	\$3,803,665
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$730,605
Total Gross Patient Service Revenue	\$33,709,867	Depreciation and Amortization	\$178,024
2. Deductions from Revenue		Interest Expenses	\$42,001
Contractual Allowances	\$18,387,700	Bad Debt	\$747,150
Other Deductions	\$0	Other Expenses	\$7,291,491
Total Deductions	\$18,387,700	Total Operating Expenses	\$12,792,936
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$15,322,167	Net Operating Revenue over Expenses	\$2,533,797
Other Operating Revenue	\$4,606	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$15,326,733	Total Net Gain over Loss	\$2,533,797

6. Assets and Liabilities	
Total Assets	\$1,841,978
Total Liabilities	\$1,324,524

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$25,031,560	\$14,689,823	\$10,341,727
Medicaid	\$1,172,324	\$1,045,137	\$127,188
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$7,505,982	\$26,582,730	\$4,853,252
Total	\$33,709,867	\$18,387,700	\$15,322,167

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Bobby Franklin

Telephone Number 219/392-7790

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	90	225
2. % of Salary	Salary Expenses divided by Total Expenses	29.7%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	23.4	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	24.3	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$43,529	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$95,767	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NA	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	74.3%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.8%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	16.5	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Howard Regional Health System West Campus

Year: 2004 City: Kokomo Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$5,941,654	Salaries and Wages	\$3,104,164
Outpatient Patient Service Revenue	\$2,076,701	Employee Benefits and Taxes	\$350,640
Total Gross Patient Service Revenue	\$8,018,355	Depreciation and Amortization	\$148,413
2. Deductions from Revenue		Interest Expenses	\$169,267
Contractual Allowances	\$3,299,272	Bad Debt	\$128,280
Other Deductions	\$40,964	Other Expenses	\$1,707,019
Total Deductions	\$3,340,236	Total Operating Expenses	\$5,607,783
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$4,678,119	Net Operating Revenue over Expenses	(\$908,192)
Other Operating Revenue	\$21,472	Net Non-operating Gains over Losses	(\$400,918)
Total Operating Revenue	\$4,699,591	Total Net Gain over Loss	(\$1,309,110)

6. Assets and Liabilities	
Total Assets	\$5,514,954
Total Liabilities	\$6,824,064

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$6,298,158	\$2,697,829	\$3,600,329
Medicaid	\$162,156	\$160,168	\$1,988
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$1,558,041	\$482,239	\$1,075,802
Total	\$8,018,355	\$3,340,236	\$4,678,119

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$8,336	(\$8,336)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 133

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$3,602,317	\$4,518,622	(\$916,305)
Community Benefits	\$0	\$605	(\$605)

For further information on this report, please contact:

Hospital Representative Julie Pena

Telephone Number 765/452-6700

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	101	137
2. % of Salary	Salary Expenses divided by Total Expenses	55.4%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	12.6	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	12.9	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$16,690	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	25.9%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,765	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	78.5%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.3%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$483)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-19.3	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Carmel Hospital

Year: 2004 City: Carmel Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$101,072,619	Salaries and Wages	\$28,739,407
Outpatient Patient Service Revenue	\$72,123,842	Employee Benefits and Taxes	\$9,109,726
Total Gross Patient Service Revenue	\$173,196,461	Depreciation and Amortization	\$3,352,702
2. Deductions from Revenue		Interest Expenses	\$575,914
Contractual Allowances	\$56,447,841	Bad Debt	\$4,231,298
Other Deductions	\$1,904,542	Other Expenses	\$34,569,645
Total Deductions	\$58,352,383	Total Operating Expenses	\$80,578,692
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$114,844,078	Net Operating Revenue over Expenses	\$36,368,777
Other Operating Revenue	\$2,103,391	Net Non-operating Gains over Losses	\$4,756,422
		Total Net Gain over Loss	\$41,125,199

Total Operating Revenue	\$116,947,469
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$229,002,795
Total Liabilities	\$28,990,749

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$28,304,000	\$17,294,969	\$11,009,031
Medicaid	\$2,963,000	\$3,134,197	(\$197,197)
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$141,929,461	\$37,923,217	\$104,006,244
Total	\$173,196,461	\$58,352,383	\$114,844,078

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$700,000	(\$700,000)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	60,506
Number of Citizens Exposed to Health Education Message	1,200,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Hamilton	Community Served	Hamilton County
------------------------	----------	-------------------------	-----------------

Hospital Mission Statement

“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	112,210	23,302	41,090
Charity Care Allocation	(\$434,890)	(\$712,437)	(\$1,437,517)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$128,760)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$2,905,588)
2. Community Health Education	(\$200,000)
3. Community Programs and Services	(\$128,760)
4. Other Unreimbursed Costs	(\$25,601)
5. Total Costs of Providing Community Benefits	(\$3,304,949)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Maggie Charnoski

Telephone number:

317/338-7374

Web Address Information:

www.stvincent.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	661	656
2. % of Salary	Salary Expenses divided by Total Expenses	35.7%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	59.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,120	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$16,709	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	41.6%	53.7%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,702	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	16.3%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.3%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$402,357)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	31.1	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Johnson Memorial Hospital

Year: 2004 City: Franklin Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$46,340,513	Salaries and Wages	\$26,610,398
Outpatient Patient Service Revenue	\$65,366,545	Employee Benefits and Taxes	\$6,997,190
Total Gross Patient Service Revenue	\$111,707,058	Depreciation and Amortization	\$4,413,830
2. Deductions from Revenue		Interest Expenses	\$148,779
Contractual Allowances	\$44,559,066	Bad Debt	\$5,371,415
Other Deductions	\$844,074	Other Expenses	\$24,428,081
Total Deductions	\$45,403,140	Total Operating Expenses	\$67,969,693
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$66,303,918	Net Operating Revenue over Expenses	\$3,295,247
Other Operating Revenue	\$4,961,022	Net Non-operating Gains over Losses	\$1,140,359
Total Operating Revenue	\$71,264,940	Total Net Gain over Loss	\$4,435,606

6. Assets and Liabilities	
Total Assets	\$81,401,116
Total Liabilities	\$13,566,358

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$45,792,131	\$28,546,743	\$17,245,388
Medicaid	\$9,450,332	\$7,526,306	\$1,924,026
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$56,464,595	\$9,330,091	\$47,134,504
Total	\$111,707,058	\$45,403,140	\$66,303,918

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$499,486	\$128,671	\$370,815
Educational	\$0	\$535,726	(\$535,726)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	1,000
Number of Hospital Patients Educated In This Hospital	5,000
Number of Citizens Exposed to Hospital's Health Education Messages	25,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$21,415,184	\$33,651,921	(\$12,236,737)
Community Benefits	\$644,866	\$988,211	(\$343,345)

For further information on this report, please contact:

Hospital Representative Larry Heydon

Telephone Number 317/736-3300

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	595	656
2. % of Salary	Salary Expenses divided by Total Expenses	39.2%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	34.6	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$13,784	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,387	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	58.5%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$716	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.0%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.9%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$506,444)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.6	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Methodist Hospitals

Year: 2004 City: Gary-Merrillville Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$383,474,646	Salaries and Wages	\$119,015,328
Outpatient Patient Service Revenue	\$225,422,800	Employee Benefits and Taxes	\$36,880,458
Total Gross Patient Service Revenue	\$608,897,446	Depreciation and Amortization	\$16,715,078
2. Deductions from Revenue		Interest Expenses	\$4,763,498
Contractual Allowances	\$361,917,595	Bad Debt	\$5,351,374
Other Deductions	(\$27,746,169)	Other Expenses	\$117,955,755
Total Deductions	\$334,171,423	Total Operating Expenses	\$300,681,491
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$274,726,023	Net Operating Revenue over Expenses	\$2,733,473
Other Operating Revenue	\$26,688,941	Net Non-operating Gains over Losses	\$7,868,335
		Total Net Gain over Loss	\$10,601,808

Total Operating Revenue	\$303,414,964
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$356,515,426
Total Liabilities	\$153,937,428

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$269,604,068	\$118,817,747	\$150,786,321
Medicaid	\$105,900,993	\$52,483,959	\$53,417,034
Other State	\$1,369,003	\$1,138,835	\$230,168
Local Government	\$0	\$27,746,169	\$27,746,169
Commercial Insurance	\$232,023,382	\$189,477,051	\$42,546,331
Total	\$608,897,446	\$334,171,423	\$274,726,023

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$16,634	\$61,048	(\$44,414)

Educational	\$523,170	\$1,450,972	(\$927,802)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	13,471
Number of Hospital Patients Educated In This Hospital	5,572
Number of Citizens Exposed to Health Education Message	3,560

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	Community Served	Cities of Gary and Merrillville
------------------------	------	-------------------------	---------------------------------

Hospital Mission Statement

“Committed to excellence in diagnostic and treatment services for all patients. We seek to enable every resident in our communities to achieve and maintain the highest possible status of health for physical, emotional, and social well-being”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	15,385	14,664	9,132
Charity Care Allocation	(\$3,340,754)	(\$8,593,253)	(\$11,256,073)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Health Fairs held four times a year	(\$92,944)
Other Programs	(\$462,894)

Subtotal	(\$555,838)
----------	-------------

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$25,390,457)
2. Community Health Education	(\$41,058)
3. Community Programs and Services	(\$555,838)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$25,987,353)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Angelica Magana

Telephone number: 219/886-4404

Web Address Information: www.methodisthospitals.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	2,619	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	39.6%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	366.1	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.8	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,194	\$3,873

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$16,524	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	37.0%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,019	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.3%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	1.8	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$11,256,073)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.9	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Elizabeth Medical Center

Year: 2004 City: Lafayette Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$149,645,491	Salaries and Wages	\$43,989,157
Outpatient Patient Service Revenue	\$134,516,389	Employee Benefits and Taxes	\$21,761,900
Total Gross Patient Service Revenue	\$284,161,880	Depreciation and Amortization	\$6,872,004
2. Deductions from Revenue		Interest Expenses	(\$127,033)
Contractual Allowances	\$144,141,297	Bad Debt	\$4,196,477
Other Deductions	\$12,064,701	Other Expenses	\$47,370,747
Total Deductions	\$156,205,998	Total Operating Expenses	\$124,063,252
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$127,955,882	Net Operating Revenue over Expenses	\$7,749,511
Other Operating Revenue	\$3,856,881	Net Non-operating Gains over Losses	\$477,883
		Total Net Gain over Loss	\$8,227,394

Total Operating Revenue	\$131,812,763

6. Assets and Liabilities	
Total Assets	\$92,564,260
Total Liabilities	\$21,200,492

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$148,030,803	\$95,109,531	\$52,921,272
Medicaid	\$21,512,937	\$15,136,774	\$6,376,163
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$114,618,140	\$45,959,693	\$68,658,447
Total	\$284,161,880	\$156,205,998	\$127,955,882

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations`	\$0	\$58,119	(\$58,119)

Educational	\$1,606,303	\$2,375,902	(\$769,599)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	175
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Tippecanoe	Community Served	Tippecanoe County
------------------------	------------	-------------------------	-------------------

Hospital Mission Statement

“Continuing Christ’s Ministry in Our Franciscan Tradition”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	No	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	850	3,073	3,300
Charity Care Allocation	(\$490,486)	(\$1,490,714)	(\$3,5879,367)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Unreimbursed costs under government programs	(\$12,216,110)
Donations	(\$51,119)
Other Unreimbursed Costs	(\$1,883,832)

Subtotal	(\$14,158,061)
----------	----------------

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$15,805,477)
2. Community Health Education	\$0
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	(\$1,114,233)
5. Total Costs of Providing Community Benefits	(\$16,919,710)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Teresa Janssen

Telephone number: 765/449-5129

Web Address Information: www.glhsi.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,061	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	35.5%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	87.8	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.5	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,131	\$3,873

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$21,113	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	47.3%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,178	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	52.1%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.4%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,589,367)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.9	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Margaret Mercy Healthcare Centers North

Year: 2004 City: Hammond Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$213,367,779	Salaries and Wages	\$166,116,107
Outpatient Patient Service Revenue	\$137,860,196	Employee Benefits and Taxes	\$20,672,702
Total Gross Patient Service Revenue	\$351,227,975	Depreciation and Amortization	\$10,585,371
2. Deductions from Revenue		Interest Expenses	\$3,148,881
Contractual Allowances	\$170,689,210	Bad Debt	\$7,470,647
Other Deductions	\$13,888,260	Other Expenses	\$67,117,778
Total Deductions	\$184,577,469	Total Operating Expenses	\$175,111,486
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$166,650,506	Net Operating Revenue over Expenses	\$4,818,975
Other Operating Revenue	\$13,279,955	Net Non-operating Gains over Losses	\$383,726
		Total Net Gain over Loss	\$5,202,701

Total Operating Revenue	\$179,930,461
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$128,536,157
Total Liabilities	\$33,323,022

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$179,332,311	\$107,599,387	\$71,732,924
Medicaid	\$55,299,747	\$41,474,810	\$13,824,937
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$116,595,917	\$35,503,272	\$81,092,645
Total	\$351,227,975	\$18,457,469	\$166,650,506

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$788,127	\$958,051	(\$169,924)

Educational	\$62,340	\$1,125,638	(\$1,063,298)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	1,200
Number of Hospital Patients Educated In This Hospital	152,253
Number of Citizens Exposed to Health Education Message	480,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	Community Served	Lake County
------------------------	------	-------------------------	-------------

Hospital Mission Statement

“Continuing Christ’s Ministry in our Franciscan Tradition”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$5,499,980)	(\$6,5437,000)	(6,916,353)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$2,799,382)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$35,670,084)
2. Community Health Education	(\$547,320)
3. Community Programs and Services	(\$2,799,382)
4. Other Unreimbursed Costs	(\$83,394)
5. Total Costs of Providing Community Benefits	(\$39,100,180)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Paul Plomin

Telephone number:

219/932-2300

Web Address Information:

www.smmhc.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,240	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	37.8%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	188.5	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.4	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,984	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,628	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	39.3%	41.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,291	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.1%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.3%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$6,916,353)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.7	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Hendricks Regional Health

Year: 2004 City: Danville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$61,470,305	Salaries and Wages	\$50,493,015
Outpatient Patient Service Revenue	\$133,012,947	Employee Benefits and Taxes	\$13,661,907
Total Gross Patient Service Revenue	\$194,483,252	Depreciation and Amortization	\$8,854,122
2. Deductions from Revenue		Interest Expenses	\$2,609,413
Contractual Allowances	\$68,290,727	Bad Debt	\$8,057,545
Other Deductions	\$1,646,782	Other Expenses	\$35,608,317
Total Deductions	\$69,937,509	Total Operating Expenses	\$119,284,319
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$124,545,743	Net Operating Revenue over Expenses	\$8,211,467
Other Operating Revenue	\$2,950,043	Net Non-operating Gains over Losses	\$918,501
Total Operating Revenue	\$127,495,786	Total Net Gain over Loss	\$9,129,968

6. Assets and Liabilities	
Total Assets	\$198,473,350
Total Liabilities	\$70,068,520

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$64,201,085	\$38,391,676	\$25,809,409
Medicaid	\$9,119,006	\$4,620,152	\$4,498,854
Other State	\$0	\$0	\$0
Local Government	\$602,677	\$174,776	\$427,901
Commercial Insurance	\$120,560,484	\$26,750,905	\$93,809,579
Total	\$194,483,252	\$69,937,509	\$124,545,743

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$27,874,315	\$47,719,823	(\$19,845,508)
Community Benefits	\$722,621	\$1,292,578	(\$569,957)

For further information on this report, please contact:

Hospital Representative Gary Simpson

Telephone Number 317/745-4451

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,014	656
2. % of Salary	Salary Expenses divided by Total Expenses	42.3%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	71.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.1	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,210	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,590	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	68.3%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,047	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	33.0%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.8%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,856,080)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.4	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Laporte Hospital and Health Services

Year: 2004 City: Laporte Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$131,497,477	Salaries and Wages	\$43,631,021
Outpatient Patient Service Revenue	\$102,042,627	Employee Benefits and Taxes	\$14,585,547
Total Gross Patient Service Revenue	\$233,540,104	Depreciation and Amortization	\$8,699,573
2. Deductions from Revenue		Interest Expenses	\$1,888,560
Contractual Allowances	\$94,385,438	Bad Debt	\$11,514,919
Other Deductions	\$24,842,057	Other Expenses	\$32,609,650
Total Deductions	\$119,227,495	Total Operating Expenses	\$112,929,270
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$114,312,609	Net Operating Revenue over Expenses	\$4,549,912
Other Operating Revenue	\$3,166,573	Net Non-operating Gains over Losses	\$1,868,558
		Total Net Gain over Loss	\$6,418,470

Total Operating Revenue	\$117,479,182
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$151,313,226
Total Liabilities	\$151,313,226

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$101,340,608	\$75,677,177	\$24,663,431
Medicaid	\$23,035,581	\$18,708,261	\$4,327,320
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$110,163,915	\$24,842,056	\$85,321,859
Total	\$233,540,104	\$119,227,494	\$114,312,610

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$119,922	\$840,124	(\$720,202)

Educational	\$212,204	\$555,793	(\$341,589)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	1,371
Number of Hospital Patients Educated In This Hospital	22,494
Number of Citizens Exposed to Health Education Message	110,063

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Laporte	Community Served	Laporte County
------------------------	---------	-------------------------	----------------

Hospital Mission Statement

“To make a positive difference in the lives of those we serve by exceeding expectations, and by encouraging and supporting healthier communities and lifestyles within our service area”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	1,324	1,298	1,179
Charity Care Allocation	(\$1,639,391)	(\$2,465,204)	(\$3,122,316)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$184,712)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$35,600,403)
2. Community Health Education	(\$184,712)
3. Community Programs and Services	(\$348,712)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$35,764,280)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative:

Jennifer Newcomb

Telephone number: 219/326-1234

Web Address Information: NR

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	765	656
2. % of Salary	Salary Expenses divided by Total Expenses	38.6%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	73.6	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.5	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$8,938	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$21,869	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	43.7%	53.7%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,125	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.0%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	10.2%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,122,316)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.9	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Howard Regional Health System

Year: 2004 City: Kokomo Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$83,675,711	Salaries and Wages	\$48,141,210
Outpatient Patient Service Revenue	\$150,597,889	Employee Benefits and Taxes	\$12,338,180
Total Gross Patient Service Revenue	\$234,273,600	Depreciation and Amortization	\$5,606,130
2. Deductions from Revenue		Interest Expenses	\$772,319
Contractual Allowances	\$111,573,454	Bad Debt	\$7,297,395
Other Deductions	\$4,433,251	Other Expenses	\$51,102,262
Total Deductions	\$116,006,705	Total Operating Expenses	\$125,207,496
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$118,268,895	Net Operating Revenue over Expenses	\$4,782,836
Other Operating Revenue	\$11,743,437	Net Non-operating Gains over Losses	\$1,297,720
Total Operating Revenue	\$129,990,332	Total Net Gain over Loss	\$6,080,556

6. Assets and Liabilities	
Total Assets	\$104,432,164
Total Liabilities	\$41,947,131

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$100,520,389	\$61,014,750	\$39,505,639
Medicaid	\$23,331,078	\$17,560,454	\$5,770,624
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$110,273,133	\$37,431,501	\$72,990,632
Total	\$234,273,600	\$116,006,705	\$118,266,895

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$57,642	\$183,989	(\$126,347)
Educational	\$37,184	\$888,924	(\$851,740)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 1,437

Number of Hospital Patients Educated In This Hospital 370

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$48,476,188	\$68,898,380	(\$20,422,192)
Community Benefits	\$412,103	\$642,138	(\$230,035)

For further information on this report, please contact:

Hospital Representative Julie Pena

Telephone Number 765/453-8371

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,045	656
2. % of Salary	Salary Expenses divided by Total Expenses	38.4%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	100.6	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,292	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,765	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	64.3%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,475	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.9%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.8%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,705,979)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.7	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Catherine Hospital

Year: 2004 City: East Chicago Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$96,327,808	Salaries and Wages	\$40,988,489
Outpatient Patient Service Revenue	\$60,627,803	Employee Benefits and Taxes	\$9,602,323
Total Gross Patient Service Revenue	\$156,955,611	Depreciation and Amortization	\$3,434,695
2. Deductions from Revenue		Interest Expenses	\$2,250,164
Contractual Allowances	\$55,986,222	Bad Debt	\$6,595,489
Other Deductions	\$1,699,327	Other Expenses	\$50,935,045
Total Deductions	\$57,685,549	Total Operating Expenses	\$113,266,205
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$99,270,062	Net Operating Revenue over Expenses	(\$11,990,842)
Other Operating Revenue	\$2,005,301	Net Non-operating Gains over Losses	\$12,856,831
		Total Net Gain over Loss	\$868,989

Total Operating Revenue	\$101,275,363
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$61,616,849
Total Liabilities	\$58,173,303

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$74,550,815	\$29,249,736	\$45,301,079
Medicaid	\$29,950,097	\$9,664,830	\$20,285,267
Other State	\$2,764,412	\$2,018,424	\$745,988
Local Government	\$0	\$0	\$0
Commercial Insurance	\$49,690,287	\$15,053,232	\$34,637,055
Total	\$156,955,611	\$55,986,222	\$100,969,389

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$4,685	\$4,685	\$0

Educational	\$0	\$318,989	(\$318,989)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	1,571
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	12,500

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	Community Served	East Chicago, Whitling, Hessville, and surrounding counties of Lake County
------------------------	------	-------------------------	--

Hospital Mission Statement

“Our emphasis is on wholistic healthcare, encompassing the physical, spiritual, emotional, and psychological needs of each person. Fidelity to our belief and heritage is our shared priority”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	810	800	NR
Charity Care Allocation	(\$1,284,644)	(\$1,435,667)	(\$1,699,327)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Health Fairs in Community	(\$45,216)
Health Seminars	(\$12,240)
Blood Pressure Blood Glucose	(\$15,539)

Cancer Screening, Survivor Celebration	(\$7,384)
Subtotal	(\$80,379)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$7,645,414)
2. Community Health Education	(\$149,563)
3. Community Programs and Services	(\$157,266)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$7,952,243)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Shawna Oros-Burke

Telephone number: 219/392-70454

Web Address Information: www.comhs.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	891	656
2. % of Salary	Salary Expenses divided by Total Expenses	36.2%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	137.9	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.5	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,616	\$4,999

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,602	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	38.6%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$5,189	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	47.5%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.8%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$5,934,257)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-11.8	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Clark Memorial Hospital

Year: 2004 City: Jeffersonville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$149,073,000	Salaries and Wages	\$48,732,000
Outpatient Patient Service Revenue	\$151,974,000	Employee Benefits and Taxes	\$10,872,000
Total Gross Patient Service Revenue	\$301,047,000	Depreciation and Amortization	\$8,011,000
2. Deductions from Revenue		Interest Expenses	\$1,972,000
Contractual Allowances	\$180,925,000	Bad Debt	\$12,707,000
Other Deductions	\$0	Other Expenses	\$42,406,000
Total Deductions	\$180,925,000	Total Operating Expenses	\$124,700,000
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$120,122,000	Net Operating Revenue over Expenses	(\$2,304,000)
Other Operating Revenue	\$2,274,000	Net Non-operating Gains over Losses	\$2,426,000
Total Operating Revenue	\$122,396,000	Total Net Gain over Loss	\$123,000

6. Assets and Liabilities	
Total Assets	\$132,853,000
Total Liabilities	\$48,735,000

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$123,429,000	\$75,635,000	\$47,794,000
Medicaid	\$42,147,000	\$24,737,000	\$17,410,000
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$135,471,000	\$80,552,000	\$54,919,000
Total	\$301,047,000	\$180,925,000	\$120,123,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$480,881	\$1,820,192	(\$522,411)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	2
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	3,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$28,946,350	\$31,460,461	(\$2,514,111)
Community Benefits	\$1,275,881	\$819,192	\$456,689

For further information on this report, please contact:

Hospital Representative Kirk W. Stack

Telephone Number 812/283-6631

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,220	656
2. % of Salary	Salary Expenses divided by Total Expenses	39.1%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	128.0	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.4	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,392	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,919	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	50.5%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,024	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.0%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	10.2%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,314,306)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.9	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Joseph Hospital and Health Center

Year: 2004 City: Kokomo Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$58,533,764	Salaries and Wages	\$29,459,316
Outpatient Patient Service Revenue	\$68,026,101	Employee Benefits and Taxes	\$9,040,993
Total Gross Patient Service Revenue	\$126,559,865	Depreciation and Amortization	\$6,151,689
2. Deductions from Revenue		Interest Expenses	\$1,172,522
Contractual Allowances	\$52,482,234	Bad Debt	\$4,526,840
Other Deductions	\$5,038,674	Other Expenses	\$23,904,543
Total Deductions	\$57,520,908	Total Operating Expenses	\$74,255,903
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$69,038,957	Net Operating Revenue over Expenses	(\$2,987,058)
Other Operating Revenue	\$2,229,888	Net Non-operating Gains over Losses	\$3,157,952
		Total Net Gain over Loss	\$170,894

Total Operating Revenue	\$71,268,845
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$93,514,318
Total Liabilities	\$93,514,318

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$55,452,140	\$31,508,497	\$23,943,643
Medicaid	\$11,076,457	\$6,673,803	\$4,402,654
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$60,031,268	\$19,338,608	\$40,692,660
Total	\$126,559,865	\$57,520,908	\$69,038,957

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$67,556	(\$67,556)

Educational	\$0	\$20,225	(\$20,225)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	1,633
Number of Citizens Exposed to Health Education Message	4,800

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Howard	Community Served	Residents of Kokomo, Howard and Surrounding area
------------------------	--------	-------------------------	--

Hospital Mission Statement

“To make a positive difference in the lives and health of individuals and communities. Central to our mission is services to those persons who are poor. The health services we provide will be spiritual centered, accessible, and affordable”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2000

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	30,339	48,822	194,767
Charity Care Allocation	(\$2,982,142)	(\$3,849,921)	(\$2,987,316)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$115,076)

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$9,052,848)
2. Community Health Education	(\$14,205)
3. Community Programs and Services	(\$404,230)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$9,471,283)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Maggie Charnoski

Telephone number: 317/338-7374

Web Address Information: NR

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	637	656
2. % of Salary	Salary Expenses divided by Total Expenses	39.7%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	59.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,224	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,325	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	53.8%	53.7%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,531	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.8%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.1%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$775,262)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-4.2	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Marion General Hospital

Year: 2004 City: Marion Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$75,554,398	Salaries and Wages	\$40,781,160
Outpatient Patient Service Revenue	\$119,084,980	Employee Benefits and Taxes	\$15,658,896
Total Gross Patient Service Revenue	\$194,639,378	Depreciation and Amortization	\$9,080,514
2. Deductions from Revenue		Interest Expenses	\$1,861,432
Contractual Allowances	\$82,920,321	Bad Debt	\$8,684,459
Other Deductions	\$4,430,710	Other Expenses	\$34,583,641
Total Deductions	\$87,351,031	Total Operating Expenses	\$110,650,102
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$107,288,346	Net Operating Revenue over Expenses	(\$550,963)
Other Operating Revenue	\$2,810,793	Net Non-operating Gains over Losses	\$12,106,832
		Total Net Gain over Loss	\$11,555,869

Total Operating Revenue	\$110,099,139
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$198,577,994
Total Liabilities	\$77,812,897

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$73,418,401	\$54,942,780	\$18,475,621
Medicaid	\$22,492,922	\$14,260,396	\$8,232,526
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$98,728,055	\$13,717,145	\$85,010,910
Total	\$194,639,378	\$82,920,321	\$111,719,057

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$42,790	\$23,244	\$19,546

Educational	\$124,837	\$1,522,387	(\$1,397,550)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	1,480
Number of Hospital Patients Educated In This Hospital	764
Number of Citizens Exposed to Health Education Message	148,891

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Grant	Community Served	Grant and surrounding counties
------------------------	-------	-------------------------	--------------------------------

Hospital Mission Statement

“To be the first choice for healthcare services and promote wellness in our region”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2002

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	1,679	1,509	1,626
Charity Care Allocation	(\$2,637,765)	(\$2,284,075)	(\$2,284,075)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Parish Nurse Program	(\$37,936)
Congestive Heart Failure Clinic	(\$207,126)
Women's Center	(\$79,222)

Maternal Child Health Coalition	(\$30,425)
Community Health Education/Promotions	(\$7,235)
Subtotal	(\$361,944)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$15,911,017)
2. Community Health Education	(\$673,118)
3. Community Programs and Services	(\$76,185)
4. Other Unreimbursed Costs	(\$166,536)
5. Total Costs of Providing Community Benefits	(\$16,826,856)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Tony Roberts

Telephone number: 765/662-1444

Web Address Information: www.mgh.net

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	955	656
2. % of Salary	Salary Expenses divided by Total Expenses	36.9%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	69.7	58.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,177	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,789	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.2%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,058	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	37.7%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.8%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,637,765)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-0.5	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Saint Joseph Regional Medical Center South Bend

Year: 2004 City: South Bend Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$242,804,212	Salaries and Wages	\$52,927,434
Outpatient Patient Service Revenue	\$124,377,517	Employee Benefits and Taxes	\$16,163,459
Total Gross Patient Service Revenue	\$367,181,729	Depreciation and Amortization	\$7,921,439
2. Deductions from Revenue		Interest Expenses	\$1,512,118
Contractual Allowances	\$196,512,507	Bad Debt	\$8,021,529
Other Deductions	\$9,113,109	Other Expenses	\$75,982,041
Total Deductions	\$205,645,616	Total Operating Expenses	\$162,528,020
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$161,536,113	Net Operating Revenue over Expenses	\$4,901,777
Other Operating Revenue	\$5,893,684	Net Non-operating Gains over Losses	\$1,495,708
		Total Net Gain over Loss	\$6,397,484

Total Operating Revenue	\$167,429,797
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$115,212,563
Total Liabilities	\$50,399,012

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$184,606,814	\$120,224,073	\$64,382,741
Medicaid	\$36,162,202	\$26,875,182	\$9,287,020
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$146,412,713	\$58,546,361	\$87,866,352
Total	\$367,181,729	\$205,645,616	\$161,536,113

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$130,000	\$290,851	(\$160,851)

Educational	\$2,147,930	\$6,867,430	(\$4,719,500)
Research	\$1,000	\$77,235	(\$76,235)
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	35
Number of Hospital Patients Educated In This Hospital	13,624
Number of Citizens Exposed to Health Education Message	105,482

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	St Joseph	Community Served	St Joseph County
------------------------	-----------	-------------------------	------------------

Hospital Mission Statement

“We serve together in Trinity Health in the spirit of the Gospel to head, body, mind, and spirit to improve the health of our communities of our communities and to steward the resources entrusted to us”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	4,892	2,082	2,473
Charity Care Allocation	(\$3,349,108)	(\$2,648,689)	(\$3,118,711)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$1,339,873)

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$24,715,887)
2. Community Health Education	(\$533,686)
3. Community Programs and Services	\$288,782)
4. Other Unreimbursed Costs	(\$124,919)
5. Total Costs of Providing Community Benefits	\$25,663,274)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Martin Breeden

Telephone number: 574/247-8720

Web Address Information: www.sjmed.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,208	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	32.6%	36.0%
3. Average Daily Census	Patient Days divided by annual days (365 days)	145.3	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.8	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$4,112	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$21,831	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	33.9%	41.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,025	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	50.3%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.9%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,118,711)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.9	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Sullivan County Community Hospital

Year: 2004 City: Sullivan Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$15,575,367	Salaries and Wages	\$6,459,429
Outpatient Patient Service Revenue	\$17,788,618	Employee Benefits and Taxes	\$1,671,698
Total Gross Patient Service Revenue	\$33,363,985	Depreciation and Amortization	\$1,497,657
2. Deductions from Revenue		Interest Expenses	\$247,595
Contractual Allowances	\$16,006,336	Bad Debt	\$1,623,190
Other Deductions	\$856	Other Expenses	\$5,333,005
Total Deductions	\$16,007,192	Total Operating Expenses	\$16,832,574
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$17,356,793	Net Operating Revenue over Expenses	\$954,524
Other Operating Revenue	\$430,305	Net Non-operating Gains over Losses	\$715,037
Total Operating Revenue	\$17,787,098	Total Net Gain over Loss	\$1,669,561

6. Assets and Liabilities	
Total Assets	\$27,747,708
Total Liabilities	\$11,686,355

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$16,454,667	\$10,053,919	\$6,400,748
Medicaid	\$4,831,382	\$3,397,397	\$1,433,985
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$12,077,936	\$2,555,876	\$9,522,060
Total	\$33,363,985	\$16,007,192	\$17,356,793

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$15,835	\$15,835	\$0
Educational	\$6,943	\$55,010	(\$48,067)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 170

Number of Hospital Patients Educated In This Hospital 21

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$719,274	\$920,857	(\$201,583)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Alan Montella

Telephone Number 812/268-4311

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	170	225
2. % of Salary	Salary Expenses divided by Total Expenses	38.4%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	14.5	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,326	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,722	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	53.3%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,170	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	49.3%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.6%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$857)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.4	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Laporte Hospital and Health Services

Year: 2004 City: Michigan City Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$106,638,539	Salaries and Wages	\$36,205,703
Outpatient Patient Service Revenue	\$93,206,309	Employee Benefits and Taxes	\$10,609,527
Total Gross Patient Service Revenue	\$199,844,848	Depreciation and Amortization	\$6,419,802
2. Deductions from Revenue		Interest Expenses	\$2,664,825
Contractual Allowances	\$99,180,868	Bad Debt	\$4,833,636
Other Deductions	\$9,189,088	Other Expenses	\$46,622,764
Total Deductions	\$108,369,956	Total Operating Expenses	\$107,356,257
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$91,474,892	Net Operating Revenue over Expenses	(\$8,147,213)
Other Operating Revenue	\$7,734,152	Net Non-operating Gains over Losses	\$138,245
		Total Net Gain over Loss	(\$8,008,968)

Total Operating Revenue	\$99,209,044
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$118,630,718
Total Liabilities	\$118,630,718

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$87,132,353	\$53,291,253	\$33,841,100
Medicaid	\$31,915,222	\$22,307,773	\$9,607,449
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$80,797,273	\$23,581,842	\$57,215,431
Total	\$199,844,848	\$99,180,868	\$100,663,980

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$5,175	\$399,894	(\$396,719)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	7,692
Number of Citizens Exposed to Health Education Message	11,800

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Laporte	Community Served	Laporte County
------------------------	---------	-------------------------	----------------

Hospital Mission Statement

“Continuing Christ’s Ministry in our Franciscan Tradition”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	778	822	NR
Charity Care Allocation	(\$1,484,863)	(\$1,918,907)	(\$4,994,018)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$161,531)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$17,753,235)
2. Community Health Education	(\$161,531)
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$17,914,766)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
Open Door Clinic	(\$295,950)

For further information on these initiatives, contact:

Hospital Representative: Robert Steininger

Telephone number:

219/877-1770

Web Address Information:

www.sahic.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	804	656
2. % of Salary	Salary Expenses divided by Total Expenses	33.7%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	99.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,944	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,900	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	46.6%	53.7%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,285	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.6%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.5%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$4,994,018)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-8.2	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Lutheran Hospital of Indiana

Year: 2004 City: Fort Wayne Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$473,207,643	Salaries and Wages	\$82,558,002
Outpatient Patient Service Revenue	\$225,424,594	Employee Benefits and Taxes	\$21,970,344
Total Gross Patient Service Revenue	\$698,632,237	Depreciation and Amortization	\$8,556,866
2. Deductions from Revenue		Interest Expenses	\$25,505,702
Contractual Allowances	\$358,607,217	Bad Debt	\$9,031,205
Other Deductions	\$8,070,932	Other Expenses	\$119,796,660
Total Deductions	\$366,678,149	Total Operating Expenses	\$267,418,779
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$331,954,088	Net Operating Revenue over Expenses	\$71,456,351
Other Operating Revenue	\$6,921,042	Net Non-operating Gains over Losses	\$411,808
Total Operating Revenue	\$338,875,130	Total Net Gain over Loss	\$71,868,159

6. Assets and Liabilities	
Total Assets	\$588,993,818
Total Liabilities	\$588,993,818

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$314,410,977	\$216,011,762	\$98,399,215
Medicaid	\$26,657,574	\$21,583,008	\$5,074,566
Other State	\$5,284,462	\$2,114,199	\$3,170,263
Local Government	\$3,902,046	\$1,648,557	\$2,235,489
Commercial Insurance	\$348,377,178	\$117,248,687	\$231,127,491
Total	\$698,632,237	\$358,607,213	\$340,025,024

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$3,338	\$622,304	(\$618,966)
Educational	\$1,319,969	\$3,082,425	(\$1,762,456)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	11,500
Number of Hospital Patients Educated In This Hospital	241,516
Number of Citizens Exposed to Hospital's Health Education Messages	130,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$116,910,737	\$139,627,445	(\$22,716,708)
Community Benefits	\$0	\$2,192,587	(\$2,192,587)

For further information on this report, please contact:

Hospital Representative Stacey Chivers

Telephone Number 260/435-7001

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	765	656
2. % of Salary	Salary Expenses divided by Total Expenses	38.6%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	73.6	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.5	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$8,938	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$21,869	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	43.7%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,125	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.0%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	10.2%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,122,316)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.9	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Elkhart General Hospital

Year: 2004 City: Elkhart Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$256,584,428	Salaries and Wages	\$78,074,290
Outpatient Patient Service Revenue	\$167,406,430	Employee Benefits and Taxes	\$32,841,002
Total Gross Patient Service Revenue	\$423,990,858	Depreciation and Amortization	\$13,693,096
2. Deductions from Revenue		Interest Expenses	\$2,635,091
Contractual Allowances	\$182,095,732	Bad Debt	\$12,371,745
Other Deductions	\$4,488,185	Other Expenses	\$89,670,329
Total Deductions	\$186,583,917	Total Operating Expenses	\$229,285,553
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$237,406,941	Net Operating Revenue over Expenses	\$17,963,837
Other Operating Revenue	\$9,842,449	Net Non-operating Gains over Losses	\$7,938,503
		Total Net Gain over Loss	\$25,902,340

Total Operating Revenue	\$247,249,390	6. Assets and Liabilities	
		Total Assets	\$362,262,577
		Total Liabilities	\$130,401,131

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$175,791,414	\$110,259,712	\$65,531,702
Medicaid	\$39,046,815	\$32,018,389	\$7,028,426
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$209,152,629	\$39,817,631	\$169,334,998
Total	\$423,990,858	\$182,095,732	\$241,895,126

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$354,823	(\$352,823)

Educational	\$0	\$649,700	(\$649,700)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	4
Number of Hospital Patients Educated In This Hospital	15,000
Number of Citizens Exposed to Health Education Message	400,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Elkhart	Community Served	Elkhart County and surrounding Michiana areas
------------------------	---------	-------------------------	---

Hospital Mission Statement

“Caring for the sick and injured through high quality clinical and supportive services”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	1,429	1,245	1,256
Charity Care Allocation	(\$3,153,645)	(\$4,448,504)	(\$4,574,858)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Community Benefit Programs	(\$497,703)
Non Billed Services	(\$958,738)
Low Margin	(\$521,106)

Subtotal	(\$1,977,547)
----------	---------------

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$39,610,754)
2. Community Health Education	(\$611,816)
3. Community Programs and Services	(\$973,025)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$41,195,595)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Renee Keck

Telephone number: 574/523-3439

Web Address Information: www.egh.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,664	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	34.1%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	161.0	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.5	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$4,574	\$3,873

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$19,768	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	39.5%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$984	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.5%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.4%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,312,066)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.3	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Joseph Hospital of Huntingburg

Year: 2004 City: Huntingburg Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$16,784,926	Salaries and Wages	\$9,990,816
Outpatient Patient Service Revenue	\$26,305,502	Employee Benefits and Taxes	\$3,484,586
Total Gross Patient Service Revenue	\$43,090,428	Depreciation and Amortization	\$1,264,276
2. Deductions from Revenue		Interest Expenses	\$618,787
Contractual Allowances	\$20,688,149	Bad Debt	\$1,835,298
Other Deductions	\$16,782	Other Expenses	\$8,360,298
Total Deductions	\$20,704,931	Total Operating Expenses	\$25,553,776
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$22,385,497	Net Operating Revenue over Expenses	(\$2,386,922)
Other Operating Revenue	\$781,357	Net Non-operating Gains over Losses	\$122,076
		Total Net Gain over Loss	(\$2,264,846)

Total Operating Revenue	\$23,166,854
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$12,609,742
Total Liabilities	\$12,145,740

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$19,816,059	\$12,051,773	\$7,764,286
Medicaid	\$2,389,275	\$2,112,719	\$276,556
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$20,885,094	\$6,523,657	\$14,361,437
Total	\$43,090,428	\$20,688,149	\$22,402,279

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$60,952	\$0	\$60,952

Educational	\$19,832	\$137,107	(\$117,275)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	349
Number of Hospital Patients Educated In This Hospital	1,650
Number of Citizens Exposed to Health Education Message	7,029

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Dubois	Community Served	Dubois County
------------------------	--------	-------------------------	---------------

Hospital Mission Statement

“Continue to provide to our patients medical care in a responsible cost effective manner, provide a positive safe environment, and provide leadership and continuity of operations in our community”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$410,002)	(\$17,000)	(\$9,230)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$1,550)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$9,230)
2. Community Health Education	(\$26,542)
3. Community Programs and Services	(\$1,550)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$37,222)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative:

Chystal Bruner

Telephone number:

812/683-2121

Web Address Information:

www.stjh.info

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	199	656
2. % of Salary	Salary Expenses divided by Total Expenses	39.1%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	10.7	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,700	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,792	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.0%	53.7%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$608	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.0%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.2	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$9,230)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-10.3	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Gibson General Hospital

Year: 2004 City: Princeton Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$12,201,166	Salaries and Wages	\$9,329,107
Outpatient Patient Service Revenue	\$22,967,559	Employee Benefits and Taxes	\$2,411,053
Total Gross Patient Service Revenue	\$35,168,725	Depreciation and Amortization	\$683,551
2. Deductions from Revenue		Interest Expenses	\$66,506
Contractual Allowances	\$13,747,370	Bad Debt	\$1,339,320
Other Deductions	\$59,659	Other Expenses	\$7,108,515
Total Deductions	\$13,807,029	Total Operating Expenses	\$21,1101,052
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$21,361,697	Net Operating Revenue over Expenses	\$891,143
Other Operating Revenue	\$530,498	Net Non-operating Gains over Losses	\$1,013,264
		Total Net Gain over Loss	\$1,904,407

Total Operating Revenue	\$21,892,195
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$14,725,268
Total Liabilities	\$14,725,268

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$14,198,324	\$7,808,659	\$6,389,665
Medicaid	\$5,204,109	\$2,998,257	\$2,202,852
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$15,769,292	\$3,000,113	\$12,769,179
Total	\$35,168,725	\$13,807,029	\$21,361,696

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$950,000	\$0	\$950,000

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Gibson	Community Served	Gibson, southern Knox, northern Pike, and northern Warrick Counties
------------------------	--------	-------------------------	---

Hospital Mission Statement

“To provide high quality and cost effective health care for the area”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	7	8	29
Charity Care Allocation	(\$35,632)	(\$7,000)	(\$59,000)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Gibson General Today Radio Show	(\$12,102)
Athletic trainers for high school	(\$9,785)
Health Fairs at area Business	(\$5,781)

Prenatal Classes	(\$3,672)
Women's Health Fair	(\$2,739)
Subtotal	(\$34,079)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$56,659)
2. Community Health Education	\$0
3. Community Programs and Services	(\$34,079)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$90,738)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Cindy Petty

Telephone number: 812/385-9297

Web Address Information: www.gibsongeneral.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	254	225
2. % of Salary	Salary Expenses divided by Total Expenses	44.7%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	32.8%	15.8%

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	11.0	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,678	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,194	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	65.3%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$643	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.4%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.4%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$56,659)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.1	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Parkview Hospital

Year: 2004 City: Fort Wayne Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$501,127,737	Salaries and Wages	\$154,250,534
Outpatient Patient Service Revenue	\$308,124,451	Employee Benefits and Taxes	\$41,531,764
Total Gross Patient Service Revenue	\$809,252,188	Depreciation and Amortization	\$17,933,775
2. Deductions from Revenue		Interest Expenses	\$215,932
Contractual Allowances	\$350,840,674	Bad Debt	\$31,795,256
Other Deductions	\$17,150,989	Other Expenses	\$152,213,873
Total Deductions	\$367,991,663	Total Operating Expenses	\$397,941,134
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$441,260,525	Net Operating Revenue over Expenses	\$56,272,002
Other Operating Revenue	\$12,952,611	Net Non-operating Gains over Losses	\$1,046,952
		Total Net Gain over Loss	\$57,318,954

Total Operating Revenue	\$454,213,136
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$494,066,265
Total Liabilities	\$20,740,925

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$345,693,195	\$212,704,826	\$132,988,369
Medicaid	\$85,624,778	\$58,425,095	\$27,199,683
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$377,934,215	\$96,861,742	\$281,072,473
Total	\$809,252,188	\$367,991,663	\$441,260,525

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$1,117,689	\$4,699,169	(\$3,581,480)

Educational	\$2,044,321	\$5,874,404	(\$3,830,083)
Research	\$948,019	\$1,898,745	(\$950,726)
Bioterrorism Grant	\$169,000	\$169,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	10,155
Number of Hospital Patients Educated In This Hospital	3,749
Number of Citizens Exposed to Health Education Message	244,469

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Allen	Community Served	Allen, LaGrange, Noble, Huntington, and Whitley Counties.
------------------------	-------	-------------------------	---

Hospital Mission Statement

“Parkview Health System will provide quality health services to all who entrust their care to us and we will work to improve the health of our communities”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	2,570	4,656	5,173
Charity Care Allocation	(\$2,358,839)	(\$2,356,792)	(\$4,264,550)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Community Nursing Outreach	(\$2,067,997)
Promotion and Support of Health Centers	(\$1,444,855)
Parkview Research Center	(\$931,539)

Pneumonia Vaccine Initiative for Seniors	(\$67,903)
All Other Programs	(\$6,016,349)
Subtotal	(\$10,528,643)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$25,742,095)
2. Community Health Education	(\$1,881,029)
3. Community Programs and Services	(\$1,628,231)
4. Other Unreimbursed Costs	(\$538,123)
5. Total Costs of Providing Community Benefits	(\$29,789,478)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Teresa Tracy

Telephone number: 260/373-7973

Web Address Information: www.Parkview.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	3,358	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	38.8%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	347.9	251.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,732	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$20,423	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	38.1%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,543	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.7%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.0%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$4,264,550)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.4	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Clare Medical Center

Year: 2004 City: Crawfordsville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$34,926,543	Salaries and Wages	\$14,865,566
Outpatient Patient Service Revenue	\$39,716,500	Employee Benefits and Taxes	\$3,493,382
Total Gross Patient Service Revenue	\$74,643,043	Depreciation and Amortization	\$4,804,382
2. Deductions from Revenue		Interest Expenses	\$1,115,169
Contractual Allowances	\$34,150,545	Bad Debt	\$1,279,441
Other Deductions	\$2,810,297	Other Expenses	\$12,767,800
Total Deductions	\$36,960,842	Total Operating Expenses	\$38,343,736
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$37,682,201	Net Operating Revenue over Expenses	\$176,218
Other Operating Revenue	\$837,753	Net Non-operating Gains over Losses	\$43,187
		Total Net Gain over Loss	\$219,405

Total Operating Revenue	\$38,519,954
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$66,533,723
Total Liabilities	\$5,474,008

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$39,949,677	\$24,007,394	\$15,942,283
Medicaid	\$6,899,866	\$4,807,854	\$2,092,012
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$27,793,499	\$8,145,594	\$19,647,906
Total	\$74,643,042	\$36,960,842	\$37,682,201

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$16,141	\$14,527	\$1,614

Educational	\$0	\$173,555	(\$173,555)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	49
Number of Hospital Patients Educated In This Hospital	20,775
Number of Citizens Exposed to Health Education Message	50,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Montgomery	Community Served	Montgomery county and residents of Fountain, Parke, and Boone counties
------------------------	------------	-------------------------	--

Hospital Mission Statement

“Continuing Christ’s Ministry in our Franciscan Tradition.”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	Yes	Community Plan	YES
Professional Education	Yes	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	814	1,066	1,089
Charity Care Allocation	(\$1,768,209)	(\$2,315,936)	(\$2,352,005)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Oncology Clinic	(\$46,846)
Neighborhood Clinic	(\$227,734)
Sports Medicine	(\$122,771)

Home Health Service	(\$174,732)
Subtotal	(\$572,083)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$9,165,891)
2. Community Health Education	(\$25,841)
3. Community Programs and Services	(\$572,083)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$9,763,815)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Jeff She

Telephone number: 765/364-3100

Web Address Information: www.stclaremedical.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	353	656
2. % of Salary	Salary Expenses divided by Total Expenses	38.8%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	43.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.1	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,976	\$4,999

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,325	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	53.2%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$723	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	53.5%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.4%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,352,005)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.5	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Union Hospital

Year: 2004 City: Terre Haute Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$249,617,958	Salaries and Wages	\$66,952,004
Outpatient Patient Service Revenue	\$188,298,228	Employee Benefits and Taxes	\$9,146,822
Total Gross Patient Service Revenue	\$437,916,186	Depreciation and Amortization	\$10,630,604
2. Deductions from Revenue		Interest Expenses	\$1,538,723
Contractual Allowances	\$216,025,310	Bad Debt	\$12,208,818
Other Deductions	\$8,838,227	Other Expenses	\$114,052,325
Total Deductions	\$224,863,537	Total Operating Expenses	\$214,529,296
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$213,052,649	Net Operating Revenue over Expenses	\$6,863,197
Other Operating Revenue	\$8,339,844	Net Non-operating Gains over Losses	\$970,562
		Total Net Gain over Loss	\$7,833,759

Total Operating Revenue	\$221,392,493
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$185,748,847
Total Liabilities	\$84,005,310

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$205,478,025	\$130,718,239	\$74,759,786
Medicaid	\$40,227,273	\$34,479,941	\$5,747,332
Other State	\$5,191,432	\$4,449,724	\$741,708
Local Government	\$0	\$0	\$0
Commercial Insurance	\$187,019,456	\$46,377,406	\$140,642,050
Total	\$437,916,186	\$216,025,310	\$221,890,976

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$22,251	(\$22,251)

Educational	\$0	\$9,742,973	(\$9,742,973)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	67,205
Number of Hospital Patients Educated In This Hospital	525,232
Number of Citizens Exposed to Health Education Message	2,525

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Vigo	Community Served	Clay, Greene, Parke, Vermillion & Vigo counties in Indiana and Clark and Edgar Counties in Illinois
------------------------	------	-------------------------	---

Hospital Mission Statement

“Union Hospital is a nonprofit regional medical center whose primary mission is to be served defined by community needs through the provision of a comprehensive range of quality, cost-effective health services”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2000

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	2,724	NR	NR
Charity Care Allocation	(\$2,581,585)	(\$3,258,474)	(\$3,793,367)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$2,278,686)

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$77,192,168)
2. Community Health Education	(\$13,215)
3. Community Programs and Services	(\$2,389,257)
4. Other Unreimbursed Costs	(\$297,463)
5. Total Costs of Providing Community Benefits	(\$79,892,103)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative:

Jan Crane

Telephone number:

812/238-7655

Web Address Information:

www.uhlg.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,577	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	31.2%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	178.5	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.8	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,454	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$18,581	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	43.0%	41.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,834	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.9%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.7%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,793,367)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.1	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Wishard Health Service

Year: 2003 City: Indianapolis Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$192,215,640	Salaries and Wages	\$129,529,529
Outpatient Patient Service Revenue	\$260,721,746	Employee Benefits and Taxes	\$32,863,398
Total Gross Patient Service Revenue	\$453,937,386	Depreciation and Amortization	\$17,333,636
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$110,175,791	Bad Debt	\$16,529,180
Other Deductions	\$160,289,292	Other Expenses	\$162,640,376
Total Deductions	\$270,465,083	Total Operating Expenses	\$358,962,119
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$183,472,303	Net Operating Revenue over Expenses	(\$2,384,123)
Other Operating Revenue	\$173,105,693	Net Non-operating Gains over Losses	\$5,230,559
Total Operating Revenue	\$356,577,996	Total Net Gain over Loss	\$2,846,436

6. Assets and Liabilities	
Total Assets	\$310,192,444
Total Liabilities	\$75,650,911

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$106,813,967	\$42,727,132	\$64,086,835
Medicaid	\$120,727,518	\$54,150,511	\$66,077,007
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$223,395,901	\$173,587,440	\$53,308,461
Total	\$453,937,386	\$270,465,083	\$183,472,303

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$7,466,294	\$7,465,045	\$1,249
Educational	\$4,393,881	\$9,323,869	(\$4,929,988)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$169,000	\$169,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 195

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$248,178,281	\$318,860,771	(\$34,682,490)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative John Kurn

Telephone Number 317/630-7592

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	3,031	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	36.1%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	222.2	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.4	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$13,495	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,890	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	57.4%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$370	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	23.5%	40.6%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.6%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$137,965,994)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-0.7	5.9

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Goshen General Hospital

Year: 2004 City: Goshen Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$79,464,503	Salaries and Wages	\$38,730,723
Outpatient Patient Service Revenue	\$106,989,812	Employee Benefits and Taxes	\$10,111,274
Total Gross Patient Service Revenue	\$186,454,315	Depreciation and Amortization	\$3,099,408
2. Deductions from Revenue		Interest Expenses	\$918,598
Contractual Allowances	\$79,080,436	Bad Debt	\$8,915,215
Other Deductions	\$3,454,722	Other Expenses	\$41,026,529
Total Deductions	\$82,535,158	Total Operating Expenses	\$102,801,747
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$103,919,157	Net Operating Revenue over Expenses	\$2,696,598
Other Operating Revenue	\$1,579,188	Net Non-operating Gains over Losses	\$1,362,632
		Total Net Gain over Loss	\$4,059,230

Total Operating Revenue	\$105,498,345
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$108,696,262
Total Liabilities	\$35,228,150

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$79,291,579	\$52,458,135	\$26,833,444
Medicaid	\$15,523,374	\$12,390,453	\$3,132,921
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$91,639,362	\$17,686,570	\$73,952,792
Total	\$186,454,315	\$82,535,158	\$103,919,157

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$204,659	\$192,981	\$11,678

Educational	\$22,538	\$913,043	(\$890,505)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Elkhart	Community Served	Elkhart, Kosciusko, LaGrange, Marshall, and Noble counties
------------------------	---------	-------------------------	--

Hospital Mission Statement

“To improve the health of our communities by providing innovative, outstanding care and services, through exceptional people doing exceptional work”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	517	291	NR
Charity Care Allocation	(\$550,428)	(\$1,503,079)	(\$2,354,000)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Nurse on call	(\$327,798)
Mentorship High School Program	(\$32,596)
Oakland Foundation Spring Spectacular Sponsor	(\$20,000)

Other Programs	(\$155,127)
Subtotal	(\$575,521)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$13,871,103)
2. Community Health Education	(\$890,505)
3. Community Programs and Services	(\$575,521)
4. Other Unreimbursed Costs	(\$314,984)
5. Total Costs of Providing Community Benefits	(\$15,652,113)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Amy Floria

Telephone number: 574/533-2141

Web Address Information: www.goshenhealth.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	806	656
2. % of Salary	Salary Expenses divided by Total Expenses	37.7%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	52.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.9	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$4,649	\$4,999

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$16,314	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	57.4%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$887	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.5%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.7%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,354,000)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.6	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

SUMMARY OF 2004 HOSPITAL AUDITED FINANCIAL STATEMENT

Hospital: Putnam County Hospital**Year: 2004 - City: Greencastle**

1. Total Operating Revenue	
Net Patient Service Revenue	\$27,458,258
Other Operating Revenue	\$257,223
Total Operating Revenue	\$27,715,481
2. Operating Expenses	
Salaries and Benefits	\$15,322,417
Depreciation and Amortization	\$1,560,963
Interest Expenses	\$0
Bad Debt	\$0
Other Expenses	\$10,051,002
Total Operating Expenses	\$26,934,382
3. Net Revenue and Expenses	
Net Operating Revenue over Expenses	\$781,099
Net Non-operating Gains over Losses	(\$476,861)

Total Net Gains over Losses	\$304,238
4. Assets and Liabilities	
Total Assets	\$30,339,668
Total Liabilities	\$13,119,170
Charity Allocation	(\$15,644)

Hospital Representative: Dennis Weatherford

Telephone number: 765/655-2620

Other information is not available.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Henry County Memorial Hospital

Year: 2004 City: New Castle Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$40,788,472	Salaries and Wages	\$21,675,627
Outpatient Patient Service Revenue	\$59,500,701	Employee Benefits and Taxes	\$8,263,906
Total Gross Patient Service Revenue	\$100,289,173	Depreciation and Amortization	\$2,793,929
2. Deductions from Revenue		Interest Expenses	\$183,348
Contractual Allowances	\$45,254,156	Bad Debt	\$2,564,719
Other Deductions	\$1,951,489	Other Expenses	\$14,762,257
Total Deductions	\$47,205,645	Total Operating Expenses	\$50,243,786
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$53,083,528	Net Operating Revenue over Expenses	\$4,264,440
Other Operating Revenue	\$1,424,698	Net Non-operating Gains over Losses	\$3,067,915
Total Operating Revenue	\$54,508,226	Total Net Gain over Loss	\$7,332,355

6. Assets and Liabilities	
Total Assets	\$68,440,912
Total Liabilities	\$15,054,474

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$43,271,816	\$26,743,350	\$16,528,466
Medicaid	\$10,352,686	\$8,088,603	\$2,264,083
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$46,664,671	\$12,373,692	\$34,290,979
Total	\$100,289,173	\$47,205,645	\$53,083,528

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$99,527	\$99,527	\$0
Educational	\$5,888	\$1,116,737	(\$1,110,849)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	554
Number of Hospital Patients Educated In This Hospital	46,000
Number of Citizens Exposed to Hospital's Health Education Messages	26,020

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$21,807,012	\$38,743,877	(\$16,936,865)
Community Benefits	\$3,247	\$844,738	(\$840,491)

For further information on this report, please contact:

Hospital Representative Diana York

Telephone Number 765,521-1294

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	574	656
2. % of Salary	Salary Expenses divided by Total Expenses	43.1%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	39.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$12,459	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,754	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	59.3%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$716	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.1%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.1%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$858,655)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.8	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Francis Hospital Beech Grove

Year: 2004 City: Beech Grove Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$398,631,267	Salaries and Wages	\$152,865,151
Outpatient Patient Service Revenue	\$358,733,807	Employee Benefits and Taxes	\$38,550,745
Total Gross Patient Service Revenue	\$757,365,074	Depreciation and Amortization	\$18,281,155
2. Deductions from Revenue		Interest Expenses	\$3,623,450
Contractual Allowances	\$248,273,452	Bad Debt	\$8,424,470
Other Deductions	\$128,639,487	Other Expenses	\$143,350,212
Total Deductions	\$376,912,939	Total Operating Expenses	\$365,095,183
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$380,452,135	Net Operating Revenue over Expenses	\$32,800,945
Other Operating Revenue	\$17,443,993	Net Non-operating Gains over Losses	\$2,955,282
		Total Net Gain over Loss	\$35,756,227

Total Operating Revenue	\$397,896,128
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$300,950,908
Total Liabilities	\$51,908,762

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$308,886,425	\$193,649,041	\$115,237,384
Medicaid	\$58,724,428	\$45,881,263	\$12,843,165
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$389,754,222	\$137,382,635	\$252,371,587
Total	\$757,365,074	\$376,912,939	\$380,452,135

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$171,006	\$386,085	(\$215,079)

Educational	\$2,909,874	\$7,973,264	(\$5,063,390)
Research	\$30,253	\$156,179	(\$125,926)
Bioterrorism Grant	\$187,000	\$187,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	NR
Number of Hospital Patients Educated In This Hospital	NR
Number of Citizens Exposed to Health Education Message	NR

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	Community Served	Perry and Franklin township in Marion County and White River and Clark Pleasant Townships in Johnson County
------------------------	--------	-------------------------	---

Hospital Mission Statement

“St Francis Hospital and Health Centers exists to improve the health of our community in a trustworthy compassionate manner through a continuum of care with special emphasis on the needs of the poor and disenfranchised”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$65,718,000)	(\$8,697,924)	(\$7,619,937)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$3,976,527)

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$68,970,518)
2. Community Health Education	(\$2,588,433)
3. Community Programs and Services	(\$3,976,527)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$75,535,478)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: James Ball

Telephone number: 317/787-3311

Web Address Information: www.stfancishospitals.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	3,002	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	41.9%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	294.7	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,769	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$15,558	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	47.4%	41.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$939	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.8%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.3%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$7,619,937)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.2	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Porter Memorial Hospital

Year: 2004 City: Valpariso Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$195,149,500	Salaries and Wages	\$72,784,400
Outpatient Patient Service Revenue	\$210,705,800	Employee Benefits and Taxes	\$20,808,300
Total Gross Patient Service Revenue	\$405,855,300	Depreciation and Amortization	\$13,513,200
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$190,896,300	Bad Debt	\$0
Other Deductions	\$22,017,000	Other Expenses	\$78,159,900
Total Deductions	\$212,913,300	Total Operating Expenses	\$185,565,800
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$192,942,000	Net Operating Revenue over Expenses	\$12,060,900
Other Operating Revenue	\$4,384,700	Net Non-operating Gains over Losses	(\$489,400)
Total Operating Revenue	\$197,326,700	Total Net Gain over Loss	\$11,571,500

6. Assets and Liabilities	
Total Assets	\$202,604,000
Total Liabilities	\$67,464,900

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$172,450,700	\$114,370,100	\$58,080,600
Medicaid	\$27,979,100	\$12,658,900	\$15,320,200
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$205,425,500	\$63,867,300	\$141,558,200
Total	\$405,855,300	\$190,896,300	\$214,959,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$271,400	(\$271,400)
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$224,000	\$224,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$64,225,651	\$86,570,265	(\$22,344,614)
Community Benefits	\$78,800	\$284,500	(\$204,700)

For further information on this report, please contact:

Hospital Representative Adrienne S. Bryan

Telephone Number 219/465-4646

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,686	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	39.2%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	151.2	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.7	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,915	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$16,630	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	51.9%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$975	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.5%	40.6%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	NR	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,326,780)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.1	5.9

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. NR = Not Reported
3. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: White County Memorial Hospital

Year: 2004 City: Monticello Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$8,674,089	Salaries and Wages	\$6,775,323
Outpatient Patient Service Revenue	\$21,457,989	Employee Benefits and Taxes	\$3,061,425
Total Gross Patient Service Revenue	\$30,132,078	Depreciation and Amortization	\$749,407
2. Deductions from Revenue		Interest Expenses	\$236,513
Contractual Allowances	\$9,197,282	Bad Debt	\$1,451,558
Other Deductions	\$246,515	Other Expenses	\$7,329,297
Total Deductions	\$9,443,797	Total Operating Expenses	\$19,603,523
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$20,688,281	Net Operating Revenue over Expenses	\$1,563,508
Other Operating Revenue	\$478,750	Net Non-operating Gains over Losses	\$168,794
Total Operating Revenue	\$21,167,031	Total Net Gain over Loss	\$1,732,302

6. Assets and Liabilities	
Total Assets	\$17,248,035
Total Liabilities	\$6,685,590

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$15,804,091	\$6,231,724	\$9,572,367
Medicaid	\$2,989,115	\$1,475,309	\$1,483,806
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$11,338,871	\$1,490,248	\$9,848,623
Total	\$30,132,078	\$9,197,281	\$20,934,797

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$28,200	\$0	\$28,200
Educational	\$0	\$336,629	(\$336,629)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	50
Number of Hospital Patients Educated In This Hospital	1,491
Number of Citizens Exposed to Hospital's Health Education Messages	1,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$11,794,050	\$18,793,206	(\$6,999,156)
Community Benefits	\$23,952	\$134,554	(\$110,602)

For further information on this report, please contact:

Hospital Representative Kris Karns

Telephone Number 574/583-7111

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	197	225
2. % of Salary	Salary Expenses divided by Total Expenses	34.6%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	16.7	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.9	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$6,355	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$4,154	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	71.2%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$532	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	52.4%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.4%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$246,515)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.4	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Hancock Regional Hospital

Year: 2004 City: Greenfield Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$45,967,937	Salaries and Wages	\$28,542,897
Outpatient Patient Service Revenue	\$64,026,484	Employee Benefits and Taxes	\$7,332,654
Total Gross Patient Service Revenue	\$109,994,421	Depreciation and Amortization	\$5,057,001
2. Deductions from Revenue		Interest Expenses	\$1,056,432
Contractual Allowances	\$40,533,704	Bad Debt	\$3,906,768
Other Deductions	\$0	Other Expenses	\$22,319,383
Total Deductions	\$40,533,704	Total Operating Expenses	\$68,215,135
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$69,460,718	Net Operating Revenue over Expenses	\$4,026,411
Other Operating Revenue	\$2,780,828	Net Non-operating Gains over Losses	\$2,473,595
Total Operating Revenue	\$72,241,546	Total Net Gain over Loss	\$6,500,006

6. Assets and Liabilities	
Total Assets	\$117,741,460
Total Liabilities	\$117,741,460

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$51,009,786	\$27,462,034	\$23,547,752
Medicaid	\$6,392.038	\$3,417,763	\$2,974,275
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$52,592,598	\$9,653,907	\$42,938,691
Total	\$109,994,422	\$40,533,704	\$69,460,718

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$73,435	\$0	\$73,435
Educational	\$132,964	\$688,402	(\$554,438)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	30
Number of Hospital Patients Educated In This Hospital	190
Number of Citizens Exposed to Hospital's Health Education Messages	57,672

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$18,385,031	\$28,890,426	(\$10,505,395)
Community Benefits	\$50,871	\$83,125	(\$32,254)

For further information on this report, please contact:

Hospital Representative Eric Rush

Telephone Number 317/468-4412

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	671	656
2. % of Salary	Salary Expenses divided by Total Expenses	41.8%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	41.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.3	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,642	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,134	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	58.2	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$886	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.4%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.7%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$581,286)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.6	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Morgan Hospital and Medical Center

Year: 2004 City: Martinsville Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$30,124,933	Salaries and Wages	\$14,171,181
Outpatient Patient Service Revenue	\$53,235,220	Employee Benefits and Taxes	\$4,854,263
Total Gross Patient Service Revenue	\$83,360,153	Depreciation and Amortization	\$2,317,905
2. Deductions from Revenue		Interest Expenses	\$440,621
Contractual Allowances	\$36,214,482	Bad Debt	\$5,396,873
Other Deductions	\$1,629,100	Other Expenses	\$13,961,057
Total Deductions	\$37,845,582	Total Operating Expenses	\$41,141,900
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$45,516,571	Net Operating Revenue over Expenses	\$4,985,307
Other Operating Revenue	\$610,636	Net Non-operating Gains over Losses	\$397,664
Total Operating Revenue	\$46,127,207	Total Net Gain over Loss	\$5,382,971

6. Assets and Liabilities	
Total Assets	\$43,058,290
Total Liabilities	\$19,039,148

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$33,094,320	\$22,154,459	\$10,939,861
Medicaid	\$10,788,289	\$8,037,283	\$2,751,006
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$39,477,544	\$6,022,740	\$33,454,804
Total	\$83,360,153	\$36,214,482	\$47,145,671

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$350	\$90,297	(\$89,947)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	600
Number of Hospital Patients Educated In This Hospital	4,000
Number of Citizens Exposed to Hospital's Health Education Messages	70,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$1,629,100	(\$1,629,100)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Sharon Munson

Telephone Number 765/342-8441

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	268	225
2. % of Salary	Salary Expenses divided by Total Expenses	34.4%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	29.1	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.3	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$4,041	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,108	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	63.9%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$887	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.7%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	13.1%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,629,100)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.8	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Cameron Memorial Community Hospital

Year: 2004 City: Angola Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$9,828,110	Salaries and Wages	\$10,898,403
Outpatient Patient Service Revenue	\$37,050,098	Employee Benefits and Taxes	\$4,724,492
Total Gross Patient Service Revenue	\$46,878,208	Depreciation and Amortization	\$1,338,762
2. Deductions from Revenue		Interest Expenses	\$574,615
Contractual Allowances	\$15,532,979	Bad Debt	\$2,446,991
Other Deductions	\$390,598	Other Expenses	\$10,266,651
Total Deductions	\$15,923,577	Total Operating Expenses	\$30,249,914
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$30,954,631	Net Operating Revenue over Expenses	\$2,699,906
Other Operating Revenue	\$1,995,189	Net Non-operating Gains over Losses	\$45,000
		Total Net Gain over Loss	\$2,744,906

Total Operating Revenue	\$32,949,820
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$30,687,149
Total Liabilities	\$30,687,149

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$15,469,809	\$8,192,747	\$7,277,062
Medicaid	\$4,219,039	\$2,974,276	\$1,244,763
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$27,189,360	\$4,756,554	\$22,432,806
Total	\$46,878,208	\$15,923,577	\$30,954,631

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$45,000	\$0	\$45,000

Educational	\$19,772	\$90,327	(\$70,555)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	308
Number of Citizens Exposed to Health Education Message	4,794

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Steuben	Community Served	Steuben County
------------------------	---------	-------------------------	----------------

Hospital Mission Statement

“To be a major provider of a wide range of health services to the people of Steuben County and the surrounding areas. These services are to be provided in the spirit of charity, concern, and excellence”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	No	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	501	488	628
Charity Care Allocation	(\$345,558)	(\$305,359)	(\$390,598)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Community Health	(\$68,314)

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$746,331)
2. Community Health Education	(\$68,314)
3. Community Programs and Services	(\$68,314)
4. Other Unreimbursed Costs	(\$90,153)
5. Total Costs of Providing Community Benefits	(\$973,112)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: David Cholger

Telephone number: 260/665-2141

Web Address Information: www.cameronmch.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	268	225
2. % of Salary	Salary Expenses divided by Total Expenses	36.0%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	9.7	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.6	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,270	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,362	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	79.0%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,467	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	33.0%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.1%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$164,051)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.2	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Good Samaritan Hospital

Year: 2004 City: Vincennes Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$96,214,114	Salaries and Wages	\$51,461,509
Outpatient Patient Service Revenue	\$127,091,597	Employee Benefits and Taxes	\$14,946,436
Total Gross Patient Service Revenue	\$223,305,710	Depreciation and Amortization	\$8,213,913
2. Deductions from Revenue		Interest Expenses	\$1,720,304
Contractual Allowances	\$92,999,489	Bad Debt	\$5,738,571
Other Deductions	\$3,689,755	Other Expenses	\$46,477,585
Total Deductions	\$96,689,244	Total Operating Expenses	\$128,558,318
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$126,616,466	Net Operating Revenue over Expenses	\$4,964,312
Other Operating Revenue	\$6,906,164	Net Non-operating Gains over Losses	\$3,226,925
Total Operating Revenue	\$133,522,630	Total Net Gain over Loss	\$8,191,237

6. Assets and Liabilities	
Total Assets	\$161,365,195
Total Liabilities	\$65,934,080

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$125,345,796	\$54,273,535	\$71,072,261
Medicaid	\$19,801,958	\$8,574,059	\$11,227,899
Other State	\$24,084	\$10,429	\$13,655
Local Government	\$0	\$0	\$0
Commercial Insurance	\$78,133,873	\$33,831,222	\$44,302,651
Total	\$223,305,710	\$96,689,244	\$126,616,466

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$274,307	\$147,447	\$126,860
Educational	\$232,951	\$821,457	(\$589,516)

Research	\$37,840	\$16,097	\$21,743
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	24
Number of Hospital Patients Educated In This Hospital	277,328
Number of Citizens Exposed to Hospital's Health Education Messages	407,935

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$49,079,425	\$73,343,472	(\$24,264,047)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Sharon Mason

Telephone Number 812/882-5220

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,397	656
2. % of Salary	Salary Expenses divided by Total Expenses	40.0%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	99.3	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$11,820	\$13,629
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,712	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.9%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$883	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	56.1%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.5%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,680,077)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.7	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Frankfort Hospital

Year: 2004 City: Frankfort Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$9,123,677	Salaries and Wages	\$10,319,378
Outpatient Patient Service Revenue	\$28,474,309	Employee Benefits and Taxes	\$2,626,131
Total Gross Patient Service Revenue	\$37,597,986	Depreciation and Amortization	\$526,934
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$14,699,103	Bad Debt	\$1,525,237
Other Deductions	\$1,015,107	Other Expenses	\$7,189,417
Total Deductions	\$15,714,210	Total Operating Expenses	\$22,187,097
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$21,883,776	Net Operating Revenue over Expenses	\$27,991
Other Operating Revenue	\$331,312	Net Non-operating Gains over Losses	\$30,170
		Total Net Gain over Loss	\$58,161

Total Operating Revenue	\$22,215,088
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$9,794,083
Total Liabilities	\$9,794,083

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$14,888,612	\$8,233,113	\$6,655,499
Medicaid	\$4,274,956	\$2,929,075	\$1,345,881
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$18,434,418	\$4,551,022	\$13,882,396
Total	\$37,597,986	\$15,714,210	\$21,883,776

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$19,829	\$0	\$19,829

Educational	\$12,780	\$122,450	(\$109,670)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	100
Number of Hospital Patients Educated In This Hospital	75
Number of Citizens Exposed to Health Education Message	34,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Clinton	Community Served	Clinton County
------------------------	---------	-------------------------	----------------

Hospital Mission Statement

“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	160,726	3,067	367,285
Charity Care Allocation	(\$1,092,500)	(\$1,499,881)	(\$1,455,517)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$32,105)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$2,915,927)
2. Community Health Education	(\$41,978)
3. Community Programs and Services	(\$47,647)
4. Other Unreimbursed Costs	(\$448)
5. Total Costs of Providing Community Benefits	(\$3,042,000)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Kelly Peisker

Telephone number:

317/338-7371

Web Address Information:

www.stvincent.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	205	225
2. % of Salary	Salary Expenses divided by Total Expenses	46.5%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	8.6	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,931	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,554	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	75.7%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$758	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.6%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.9%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$412,873)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.1	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Floyd Memorial Hospital and Health Services

Year: 2004 City: New Albany Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$122,319,000	Salaries and Wages	\$50,270,000
Outpatient Patient Service Revenue	\$152,837,000	Employee Benefits and Taxes	\$11,234,000
Total Gross Patient Service Revenue	\$275,156,000	Depreciation and Amortization	\$10,083,000
2. Deductions from Revenue		Interest Expenses	\$1,146,000
Contractual Allowances	\$140,417,000	Bad Debt	\$11,289,000
Other Deductions	\$1,376,000	Other Expenses	\$46,532,000
Total Deductions	\$141,793,000	Total Operating Expenses	\$130,554,000
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$133,363,000	Net Operating Revenue over Expenses	\$5,394,000
Other Operating Revenue	\$2,585,000	Net Non-operating Gains over Losses	\$2,059,000
Total Operating Revenue	\$135,948,000	Total Net Gain over Loss	\$7,453,000

6. Assets and Liabilities	
Total Assets	\$218,968,000
Total Liabilities	\$100,578,000

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$113,617,000	\$67,258,000	\$45,359,000
Medicaid	\$23,171,000	\$18,008,000	\$5,163,000
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$138,368,000	\$55,151,000	\$83,217,000
Total	\$275,156,000	\$140,417,000	\$134,739,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$111,262	(\$111,262)
Educational	\$144,352	\$360,949	(\$496,605)

Research	\$196,438	\$176,646	\$19,792
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	1,319
Number of Hospital Patients Educated In This Hospital	27,971
Number of Citizens Exposed to Hospital's Health Education Messages	11,333

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$52,557,576	\$58,813,811	(\$6,256,235)
Community Benefits	\$35,611	\$106,129	(\$70,518)

For further information on this report, please contact:

Hospital Representative Mary Stotten

Telephone Number 812/944-7701

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,159	656
2. % of Salary	Salary Expenses divided by Total Expenses	38.5%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	97.8	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NMF	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,714	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	55.5%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,467	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.3%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.6%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$639,828)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.0	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits. NMF = No meaningful figure.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Dekalb Memorial Hospital

Year: 2004 City: Auburn Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$14,432,769	Salaries and Wages	\$14,237,471
Outpatient Patient Service Revenue	\$39,831,395	Employee Benefits and Taxes	\$4,286,807
Total Gross Patient Service Revenue	\$54,264,164	Depreciation and Amortization	\$2,187,546
2. Deductions from Revenue		Interest Expenses	\$307,313
Contractual Allowances	\$18,637,273	Bad Debt	\$2,598,762
Other Deductions	\$422,503	Other Expenses	\$10,480,415
Total Deductions	\$19,059,776	Total Operating Expenses	\$34,458,314
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$35,204,388	Net Operating Revenue over Expenses	\$3,065,563
Other Operating Revenue	\$2,319,489	Net Non-operating Gains over Losses	\$838,307
		Total Net Gain over Loss	\$3,903,870

Total Operating Revenue	\$37,523,877
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$46,980,422
Total Liabilities	\$8,141,090

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,601,992	\$11,290,405	\$9,311,587
Medicaid	\$4,888,938	\$2,787,489	\$2,101,449
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$28,773,234	\$4,981,882	\$23,791,352
Total	\$54,264,164	\$19,059,776	\$35,204,388

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$315,259	\$21,725	\$293,534

Educational	\$48,521	\$139,720	(\$91,199)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	1,265
Number of Hospital Patients Educated In This Hospital	108
Number of Citizens Exposed to Health Education Message	40,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Dekalb	Community Served	Dekalb County
------------------------	--------	-------------------------	---------------

Hospital Mission Statement

“To meet the health care needs of residents of Dekalb County, and the adjacent areas, through the provision of high-quality, cost-effective services, delivered in a compassionate and personalized manner”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	1998

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	232	182	141
Charity Care Allocation	(\$127,771)	(\$84,556)	(\$69,932)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Campaign for our Kids	(\$2,521)
Healthy Families	\$0

Healthy Expectations	(\$3,596)
Subtotal	(\$6,117)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$3,067,460)
2. Community Health Education	(\$69,274)
3. Community Programs and Services	(\$6,117)
4. Other Unreimbursed Costs	(\$88,959)
5. Total Costs of Providing Community Benefits	(\$3,231,810)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
-------------------------------------	-------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Kelly Dunham

Telephone number: 260/920-2558

Web Address Information: www.dekalbmemorial.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	351	225
2. % of Salary	Salary Expenses divided by Total Expenses	41.3%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	14.9	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.7	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,116	\$3,664

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,188	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	73.4%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$616	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.0%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.5%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$127,771)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.2	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Terre Haute Regional Hospital

Year: 2004 City: Terre Haute Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$157,562,355	Salaries and Wages	\$30,191,726
Outpatient Patient Service Revenue	\$96,886,259	Employee Benefits and Taxes	\$6,836,174
Total Gross Patient Service Revenue	\$254,448,613	Depreciation and Amortization	\$5,739,174
2. Deductions from Revenue		Interest Expenses	\$5,757,731
Contractual Allowances	\$153,496,010	Bad Debt	\$7,170,599
Other Deductions	\$0	Other Expenses	\$36,839,911
Total Deductions	\$153,496,010	Total Operating Expenses	\$92,535,966
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$100,952,603	Net Operating Revenue over Expenses	\$9,002,981
Other Operating Revenue	\$586,345	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$101,538,948	Total Net Gain over Loss	\$9,002,981

6. Assets and Liabilities	
Total Assets	\$85,564,952
Total Liabilities	\$85,564,952

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$120,250,142	\$9,013,547	\$30,114,595
Medicaid	\$32,239,132	\$26,070,765	\$6,168,367
Other State	\$0	\$0	\$0
Local Government	\$3,621,018	\$2,482,870	\$1,138,148
Commercial Insurance	\$98,338,321	\$34,806,828	\$63,531,493
Total	\$254,448,613	\$153,496,010	\$100,952,603

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$102,209	(\$102,209)
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$38,385,535	\$47,222,154	(\$8,836,619)
Community Benefits	\$0	\$836,312	(\$836,312)

For further information on this report, please contact:

Hospital Representative

T. J. Warren

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	639	656
2. % of Salary	Salary Expenses divided by Total Expenses	32.6%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	101.0	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$30,336	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$20,294	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	38.1%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,444	\$993

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	47.3%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.7%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$259,694)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.9	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: St Joseph Hospital

Year: 2004 City: Fort Wayne Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$126,870,118	Salaries and Wages	\$31,990,794
Outpatient Patient Service Revenue	\$72,719,989	Employee Benefits and Taxes	\$6,219,398
Total Gross Patient Service Revenue	\$199,590,107	Depreciation and Amortization	\$4,114,344
2. Deductions from Revenue		Interest Expenses	\$4,565,784
Contractual Allowances	\$103,264,712	Bad Debt	\$7,416,946
Other Deductions	\$7,334,798	Other Expenses	\$36,611,277
Total Deductions	\$110,599,510	Total Operating Expenses	\$90,918,543
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$88,990,597	Net Operating Revenue over Expenses	(\$470,067)
Other Operating Revenue	\$1,457,879	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$90,448,476	Total Net Gain over Loss	(\$470,067)

6. Assets and Liabilities	
Total Assets	\$100,256,456
Total Liabilities	\$100,256,456

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$93,262,082	\$60,848,864	\$32,413,218
Medicaid	\$11,187,399	\$7,524,330	\$3,663,069
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$95,140,626	\$34,891,518	\$60,249,108
Total	\$199,590,107	\$103,264,712	\$96,325,395

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$14,043	\$108,003	(\$93,960)
Educational	\$102,316	\$275,381	(\$173,065)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	1,500
Number of Hospital Patients Educated In This Hospital	10,000
Number of Citizens Exposed to Hospital's Health Education Messages	20,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$3,030,212	(\$3,030,212)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Mike Rotkowski

Telephone Number 260/425-3000

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	715	656
2. % of Salary	Salary Expenses divided by Total Expenses	35.2%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	88.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,249	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$22,384	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	36.4%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$569	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.7%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.2%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,030,212)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-0.5	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Reid Hospital and Health Care Services

Year: 2004 City: Richmond Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$165,807,368	Salaries and Wages	\$56,728,674
Outpatient Patient Service Revenue	\$124,090,217	Employee Benefits and Taxes	\$16,322,473
Total Gross Patient Service Revenue	\$289,897,585	Depreciation and Amortization	\$10,145,198
2. Deductions from Revenue		Interest Expenses	\$447,009
Contractual Allowances	\$113,589,458	Bad Debt	\$14,293,997
Other Deductions	\$2,833,935	Other Expenses	\$57,977,665
Total Deductions	\$116,423,393	Total Operating Expenses	\$155,915,016
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$173,474,192	Net Operating Revenue over Expenses	\$21,931,716
Other Operating Revenue	\$4,372,540	Net Non-operating Gains over Losses	\$9,505,699
		Total Net Gain over Loss	\$31,437,699

Total Operating Revenue	\$177,846,732
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$397,698,099
Total Liabilities	\$397,698,099

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$154,052,845	\$90,923m392	\$63,129,453
Medicaid	\$25,563,102	\$19,905,842	\$5,657,260
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$110,281,638	\$2,760,224	\$107,521,414
Total	\$289,897,585	\$113,589,458	\$176,308,127

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$301,090	\$301,090	\$0

Educational	\$15,538	\$469,469	(\$453,931)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	17
Number of Hospital Patients Educated In This Hospital	1,860
Number of Citizens Exposed to Health Education Message	15,101

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Wayne	Community Served	Fayette, Henry, Randolph, Union, and Wayne Counties
------------------------	-------	-------------------------	---

Hospital Mission Statement

“In body, mind, spirit, hospital and its people work with others to enhance wholeness for all those we serve”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2002

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	6,431	3,370	2,359
Charity Care Allocation	(\$2,743,797)	(\$2,148,192)	(\$1,246,648)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Community Education	(\$67,142)
Social Responsibility Mammograms	(\$42,675)
Community Office Space Classroom	(\$142,394)

Health Ministries	(\$40,815)
Other Programs	(\$305,365)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$10,051,218)
2. Community Health Education	(\$305,365)
3. Community Programs and Services	(\$5,313,495)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$15,970,078)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Marvin Esham

Telephone number: 765/983-3077

Web Address Information: www.reidhosp.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,298	656
2. % of Salary	Salary Expenses divided by Total Expenses	36.4%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	159.2	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,005	\$4,999

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,697	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	42.8%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$872	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	53.1%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.2%	6.2%
11. Charity Allocation	~	(\$1,246,648)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.3	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Dunn Memorial Hospital

Year: 2003 City: Bedford Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$18,726,874	Salaries and Wages	\$12,642,452
Outpatient Patient Service Revenue	\$40,424,810	Employee Benefits and Taxes	\$2,537,606
Total Gross Patient Service Revenue	\$59,151,684	Depreciation and Amortization	\$2,577,329
2. Deductions from Revenue		Interest Expenses	\$292,708
Contractual Allowances	\$26,517,872	Bad Debt	\$1,461,036
Other Deductions	\$804,552	Other Expenses	\$12,638,297
Total Deductions	\$27,332,424	Total Operating Expenses	\$32,149,430
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$31,819,260	Net Operating Revenue over Expenses	\$691,965
Other Operating Revenue	\$1,012,136	Net Non-operating Gains over Losses	\$521,368
Total Operating Revenue	\$32,841,396	Total Net Gain over Loss	\$1,213,333

6. Assets and Liabilities	
Total Assets	\$34,527,972
Total Liabilities	\$6,883,118

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$23,480,558	\$13,356,873	\$10,123,685
Medicaid	\$5,669,541	\$3,648,039	\$2,021,502
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$30,001,585	\$9,512,960	\$20,488,625
Total	\$59,151,684	\$26,517,872	\$32,633,812

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$8,775	\$0	\$8,775
Educational	\$6,600	\$2,500	\$4,100

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	150
Number of Hospital Patients Educated In This Hospital	800
Number of Citizens Exposed to Hospital's Health Education Messages	14,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$417,018	(\$417,018)
Community Benefits	\$1,949,650	\$1,775,000	\$174,650)

For further information on this report, please contact:

Hospital Representative Violet Thompson

Telephone Number 812/276-1209

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	435	225
2. % of Salary	Salary Expenses divided by Total Expenses	39.3%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	26.8	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.9	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,377	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,399	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	68.3%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$628	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.7%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.5%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$417,018)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.1	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Clay Hospital

Year: 2004 City: Williamsport Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$6,532,304	Salaries and Wages	\$4,895,417
Outpatient Patient Service Revenue	\$18,719,060	Employee Benefits and Taxes	\$1,367,543
Total Gross Patient Service Revenue	\$25,251,364	Depreciation and Amortization	\$880,342
2. Deductions from Revenue		Interest Expenses	\$315,550
Contractual Allowances	\$9,254,929	Bad Debt	\$1,401,657
Other Deductions	\$223,273	Other Expenses	\$5,819,409
Total Deductions	\$9,478,202	Total Operating Expenses	\$14,679,918
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$15,773,162	Net Operating Revenue over Expenses	\$1,250,437
Other Operating Revenue	\$157,193	Net Non-operating Gains over Losses	\$36,796
		Total Net Gain over Loss	\$1,287,233

Total Operating Revenue	\$15,930,355
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$16,139,000
Total Liabilities	\$16,139,000

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$12,039,000	\$4,856,000	\$7,183,000
Medicaid	\$2,551,000	\$2,045,000	\$506,000
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$10,661,000	\$2,578,000	\$8,063,000
Total	\$25,251,000	\$9,479,000	\$15,772,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$18,863	(\$18,863)

Educational	\$0	\$93,745	(\$93,745)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	85
Number of Hospital Patients Educated In This Hospital	2,896
Number of Citizens Exposed to Health Education Message	1,858

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Clay	Community Served	Clay County
------------------------	------	-------------------------	-------------

Hospital Mission Statement

“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	1,402	20,731	54,955
Charity Care Allocation	(\$878,053)	(\$222,692)	(\$1,015,345)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$48,100)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$958,397)
2. Community Health Education	(\$6,305)
3. Community Programs and Services	(\$48,100)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$1,012,802)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Kelly Peisker

Telephone number:

317/338-7371

Web Address Information:

www.stvincent.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	160	225
2. % of Salary	Salary Expenses divided by Total Expenses	33.3%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	12.0	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$5,394	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,209	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	74.1%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$814	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	47.7%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.5%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$117,407)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.8	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Bloomington Hospital

Year: 2004 City: Bloomington Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$216,209,635	Salaries and Wages	\$94,263,632
Outpatient Patient Service Revenue	\$169,217,061	Employee Benefits and Taxes	\$23,861,049
Total Gross Patient Service Revenue	\$385,426,696	Depreciation and Amortization	\$12,932,220
2. Deductions from Revenue		Interest Expenses	\$3,828,832
Contractual Allowances	\$149,517,830	Bad Debt	\$13,951,911
Other Deductions	\$4,825,385	Other Expenses	\$75,832,813
Total Deductions	\$154,343,215	Total Operating Expenses	\$224,670,457
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$231,083,481	Net Operating Revenue over Expenses	\$14,602,082
Other Operating Revenue	\$8,189,058	Net Non-operating Gains over Losses	\$7,329,677
		Total Net Gain over Loss	\$21,931,759

Total Operating Revenue	\$239,272,539
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$268,091,457
Total Liabilities	\$102,496,701

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$161,421,140	\$90,591,240	\$70,829,900
Medicaid	\$39,347,253	\$28,032,446	\$11,314,807
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$184,658,303	\$35,719,529	\$148,938,774
Total	\$385,426,696	\$154,343,215	\$231,083,481

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$764,835	\$3,000	\$761,835

Educational	\$164,917	\$1,720,874	(\$1,555,956)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$169,000	\$169,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	13,405
Number of Hospital Patients Educated In This Hospital	61,149
Number of Citizens Exposed to Health Education Message	898,082

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Monroe	Community Served	Brown, Clay, Daviess, Greene, Lawrence, Martin, Monroe, and Owen Counties
------------------------	--------	-------------------------	---

Hospital Mission Statement

“Bloomington Hospital and Health Systems exists to provide comprehensive, high quality, cost effective and caring services to the people of South Central Indiana”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$2,749,755)	(\$2,758,637)	(\$2,638,110)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Counseling and Support Groups	(\$4,880)
Community Health Education	(\$1,165,621)
Cash and in kind contributions	(\$244,598)

Health Professional Education	(\$2,663,195)
Subtotal	(\$4,078,294)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$23,340,379)
2. Community Health Education	(\$373,673)
3. Community Programs and Services	(\$2,288,683)
4. Other Unreimbursed Costs	(\$3,789,391)
5. Total Costs of Providing Community Benefits	(\$29,792,126)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Renee DeWitte

Telephone number: 812/353-9371

Web Address Information: www.bhhs.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,883	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	42.0%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	183.8	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.3	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,474	\$3,873

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,770	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	43.9%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,678	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.9%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.2%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,638,110)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.1	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Scott County Memorial Hospital

Year: 2004 City: Scottsburg Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$13,289,099	Salaries and Wages	\$7,095,676
Outpatient Patient Service Revenue	\$29,878,238	Employee Benefits and Taxes	\$1,334,521
Total Gross Patient Service Revenue	\$43,167,337	Depreciation and Amortization	\$1,079,713
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$19,226,097	Bad Debt	\$3,586,213
Other Deductions	\$168,546	Other Expenses	\$7,383,736
Total Deductions	\$19,394,643	Total Operating Expenses	\$20,479,859
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$23,772,694	Net Operating Revenue over Expenses	\$3,842,914
Other Operating Revenue	\$550,079	Net Non-operating Gains over Losses	\$28,064
Total Operating Revenue	\$24,322,773	Total Net Gain over Loss	\$3,870,978

6. Assets and Liabilities	
Total Assets	\$23,952,319
Total Liabilities	\$1,313,166

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$16,311,335	\$10,248,369	\$6,062,966
Medicaid	\$6,317,238	\$3,222,302	\$3,094,936
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$20,538,764	\$5,755,426	\$14,783,338
Total	\$43,167,337	\$19,226,097	\$23,941,240

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$28,064	\$28,064	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$6,009,773	\$9,191,450	(\$3,181,677)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Kelly Ledbetter

Telephone Number 812/752-8500

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	164	225
2. % of Salary	Salary Expenses divided by Total Expenses	34.6%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	15.1	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.5	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,471	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,421	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.2%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$942	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	37.8%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	17.5%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$42,107)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	15.8	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Tipton Hospital

Year: 2004 City: Tipton Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$18,390,083	Salaries and Wages	\$12,796,229
Outpatient Patient Service Revenue	\$32,772,216	Employee Benefits and Taxes	\$3,465,804
Total Gross Patient Service Revenue	\$51,162,299	Depreciation and Amortization	\$1,733,522
2. Deductions from Revenue		Interest Expenses	\$372,636
Contractual Allowances	\$19,259,028	Bad Debt	\$1,949,864
Other Deductions	\$0	Other Expenses	\$12,134,884
Total Deductions	\$19,259,028	Total Operating Expenses	\$32,452,939
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$31,903,271	Net Operating Revenue over Expenses	\$1,077,014
Other Operating Revenue	\$1,626,682	Net Non-operating Gains over Losses	\$563,486
Total Operating Revenue	\$33,529,953	Total Net Gain over Loss	\$1,642,500

6. Assets and Liabilities	
Total Assets	\$31,638,312
Total Liabilities	\$10,457,226

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$22,401,697	\$12,053,519	\$10,348,178
Medicaid	\$5,412,756	\$1,962,204	\$3,450,552
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$23,347,846	\$5,243,305	\$18,104,541
Total	\$51,162,299	\$19,259,028	\$31,903,271

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$73,229	\$73,229	\$0
Educational	\$7,000	\$328,655	(\$321,655)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	500
Number of Hospital Patients Educated In This Hospital	28,767
Number of Citizens Exposed to Hospital's Health Education Messages	9,785

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$11,348,131	\$12,306,587	(\$958,456)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Mary L Shafford

Telephone Number 765/675-8500

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	351	225
2. % of Salary	Salary Expenses divided by Total Expenses	39.4%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	18.7	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.6	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$9,126	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,409	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	64.1%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$678	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.8%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.0%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$606,074)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.2	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Randolph Hospital

Year: 2004 City: Winchester Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$7,055,733	Salaries and Wages	\$10,291,096
Outpatient Patient Service Revenue	\$29,027,872	Employee Benefits and Taxes	\$3,220,146
Total Gross Patient Service Revenue	\$36,083,605	Depreciation and Amortization	\$1,387,148
2. Deductions from Revenue		Interest Expenses	\$648,154
Contractual Allowances	\$9,142,827	Bad Debt	\$2,015,523
Other Deductions	\$5,326,113	Other Expenses	\$7,159,073
Total Deductions	\$14,468,940	Total Operating Expenses	\$24,721,140
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$21,614,665	Net Operating Revenue over Expenses	(\$2,396,935)
Other Operating Revenue	\$709,540	Net Non-operating Gains over Losses	\$51,761
		Total Net Gain over Loss	(\$2,345,174)

Total Operating Revenue	\$22,342,205
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$30,622,468
Total Liabilities	\$21,775,201

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$13,966,104	\$5,095,742	\$8,900,362
Medicaid	\$5,365,653	\$4,047,085	\$1,318,568
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$16,721,847	\$5,326,113	\$11,395,734
Total	\$36,083,605	\$14,468,940	\$21,614,665

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Randolph	Community Served	Randolph County
------------------------	----------	-------------------------	-----------------

Hospital Mission Statement

“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	232,654	27,585	18,999
Charity Care Allocation	(\$471,863)	(\$854,142)	(\$2,606,849)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$42,577)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$712,195)
2. Community Health Education	\$0
3. Community Programs and Services	(\$42,577)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$754,772)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Maggie Charnoski

Telephone number:

317/338-7374

Web Address Information:

www.stvincent.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	242	225
2. % of Salary	Salary Expenses divided by Total Expenses	41.6%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	8.3	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,436	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,120	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	80.4%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,307	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.8%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.2%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$712,195)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-10.7	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Clarian Health Partners

Year: 2004 City: Indianapolis Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$1,527,744,000	Salaries and Wages	\$515,622,000
Outpatient Patient Service Revenue	\$932,222,000	Employee Benefits and Taxes	\$117,111,000
Total Gross Patient Service Revenue	\$2,459,966,000	Depreciation and Amortization	\$99,531,000
2. Deductions from Revenue		Interest Expenses	\$21,799,000
Contractual Allowances	\$994,025,000	Bad Debt	\$38,240,000
Other Deductions	\$87,036,000	Other Expenses	\$638,443,000
Total Deductions	\$1,081,061,000	Total Operating Expenses	\$1,430,746,000
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$1,378,905,000	Net Operating Revenue over Expenses	\$46,369,000
Other Operating Revenue	\$98,210,000	Net Non-operating Gains over Losses	\$39,191,000
		Total Net Gain over Loss	\$85,560,000

Total Operating Revenue	\$1,477,115,000
-------------------------	-----------------

6. Assets and Liabilities	
Total Assets	\$2,991,048,000
Total Liabilities	\$1,487,262,000

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$744,106,169	\$431,245,472	\$312,860,697
Medicaid	\$457,803,277	\$217,067,100	\$240,736,177
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$1,167,021,951	\$376,318,361	\$790,703,590
Total	\$2,368,931,397	\$1,024,630,933	\$1,344,300,464

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$163,880	\$0	\$163,880

Educational	\$5,096,962	\$51,539,669	(\$44,285,707)
Research	\$304,509	\$284,000	(\$2,795,196)
Bioterrorism Grant	\$284,000	\$284,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	2,012
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	1,634,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	Community Served	State of Indiana
------------------------	--------	-------------------------	------------------

Hospital Mission Statement

“To improve the health of our patients and community through innovation and excellence in care, education, research, and service”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	1,551,261	1,634,000
Charity Care Allocation	(\$54,001,166)	(\$18,255,107)	(\$36,503,575)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Nutrition and Fitness	(\$107,248)
Injury Prevention	(\$346,611)
Teen Pregnancy Prevention	(\$81,531)

Violence Prevention	(\$58,000)
Tobacco Cessation/Prevention	(\$169,453)
Subtotal	(\$762,843)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$180,689,542)
2. Community Health Education	\$239,601)
3. Community Programs and Services	(\$7,250,579)
4. Other Unreimbursed Costs	(\$1,332,626)
5. Total Costs of Providing Community Benefits	(\$189,512,348)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Don Deutsch

Telephone number: 317/962-6110

Web Address Information: www.clarian.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	9,825	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	36.0%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	976.0	251.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.8	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$4,790	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$29,097	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	37.9%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,343	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	30.2%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.7%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$36,5032,575)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.1	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Francis Hospital Mooresville

Year: 2004 City: Mooresville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$37,621,400	Salaries and Wages	\$11,414,157
Outpatient Patient Service Revenue	\$34,762,423	Employee Benefits and Taxes	\$3,143,044
Total Gross Patient Service Revenue	\$72,383,823	Depreciation and Amortization	\$2,259,107
2. Deductions from Revenue		Interest Expenses	\$842,920
Contractual Allowances	\$17,504,372	Bad Debt	\$848,920
Other Deductions	\$14,547,617	Other Expenses	\$13,918,575
Total Deductions	\$32,051,989	Total Operating Expenses	\$32,426,396
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$40,331,834	Net Operating Revenue over Expenses	\$8,817,491
Other Operating Revenue	\$912,053	Net Non-operating Gains over Losses	(\$4,043,718)
		Total Net Gain over Loss	\$4,773,773

Total Operating Revenue	\$41,243,887
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	NR
Total Liabilities	NR

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$25,406,722	\$15,758,686	\$9,648,036
Medicaid	\$4,487,797	\$1,742,146	\$2,745,651
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$42,489,304	\$14,551,157	\$27,938,147
Total	\$72,383,823	\$32,051,989	\$40,331,834

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$148,718	(\$140,718)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Morgan	Community Served	White River, Clark, and Pleasant Townships in Johnson County
------------------------	--------	-------------------------	--

Hospital Mission Statement

“St Francis Hospital and Health Centers exist to improve the health of our communities in a trustworthy compassionate manner through a continuum of care with special emphasis on the needs of the poor and disenfranchised”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$65,718,000)	(\$808,004)	(\$626,760)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$626,901)

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$6,563,339)
2. Community Health Education	(\$140,718)
3. Community Programs and Services	(\$626,901)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$7,330,958)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: James Ball

Telephone number: 317/831-1160

Web Address Information: www.stfrancishospitals.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	300	656
2. % of Salary	Salary Expenses divided by Total Expenses	35.2%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	21.3	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,000	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,740	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	48.0%	53.7%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$602	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	35.1%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.6%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$626,760)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	21.4	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Memorial Hospital of South Bend

Year: 2004 City: South Bend Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$385,115,481	Salaries and Wages	\$101,113,992
Outpatient Patient Service Revenue	\$178,597,273	Employee Benefits and Taxes	\$26,896,585
Total Gross Patient Service Revenue	\$563,712,754	Depreciation and Amortization	\$15,507,919
2. Deductions from Revenue		Interest Expenses	\$4,682,634
Contractual Allowances	\$274,346,038	Bad Debt	\$16,741,705
Other Deductions	\$2,892,872	Other Expenses	\$108,824,900
Total Deductions	\$277,238,910	Total Operating Expenses	\$273,767,735
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$286,473,844	Net Operating Revenue over Expenses	\$22,216,013
Other Operating Revenue	\$9,509,904	Net Non-operating Gains over Losses	\$7,741,886
		Total Net Gain over Loss	\$29,957,899

Total Operating Revenue	\$295,983,748
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$473,563,291
Total Liabilities	\$473,563,291

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$226,181,829	\$152,534,152	\$73,647,677
Medicaid	\$68,764,045	\$47,139,072	\$21,624,973
Other State	\$5,377,697	\$3,573,719	\$1,803,978
Local Government	\$4,013,914	\$2,331,682	\$1,682,232
Commercial Insurance	\$259,375,269	\$66,008,055	\$193,367,214
Total	\$563,712,754	\$271,586,680	\$292,126,074

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$260,525	(\$260,525)

Educational	\$455,916	\$5,263,676	(\$4,807,760)
Research	\$1,396,942	\$1,585,431	(\$188,489)
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	114
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	St Joseph	Community Served	St Joseph County
------------------------	-----------	-------------------------	------------------

Hospital Mission Statement

“Memorial Hospital is committed to improving the quality of life for the people of our community”.

Unique Services	Type of Initiatives	Document Available

Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2005

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	2,181	2,799	2,611
Charity Care Allocation	(\$1,477,122)	(\$1,939,266)	(\$1,679,917)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
African American Women Breast Campaign	(\$266,483)
Congregation Nursing Health Education Counseling	(\$292,596)
School Health Clinic Abstinence Programming	(\$310,809)

Hispanic Initiative and Outreach	(\$516,965)
Other Community Based Partnerships	(\$2,798,035)
Subtotal	(\$4,184,888)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$37,954,430)
2. Community Health Education	\$0
3. Community Programs and Services	(\$1,620,751)
4. Other Unreimbursed Costs	(\$329,238)
5. Total Costs of Providing Community Benefits	(\$39,904,419)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
Memorial Medical Group	(\$658,283)

For further information on these initiatives, contact:

Hospital Representative: Margo Demont

Telephone number: 574/657-1356

Web Address Information: www.qualityoflife.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	2,096	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	36.9%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	236.0	251.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.8	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,462	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$21,631	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	31.7%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,212	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.1%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.1%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,679,917)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.5	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Riverview Hospital

Year: 2004 City: Noblesville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$100,034,625	Salaries and Wages	\$42,163,567
Outpatient Patient Service Revenue	\$109,878,746	Employee Benefits and Taxes	\$6,150,227
Total Gross Patient Service Revenue	\$209,913,371	Depreciation and Amortization	\$7,238,282
2. Deductions from Revenue		Interest Expenses	\$2,985,936
Contractual Allowances	\$89,229,292	Bad Debt	\$11,068,716
Other Deductions	\$1,328,810	Other Expenses	\$47,090,716
Total Deductions	\$90,558,102	Total Operating Expenses	\$116,696,883
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$119,355,269	Net Operating Revenue over Expenses	\$6,024,796
Other Operating Revenue	\$3,366,409	Net Non-operating Gains over Losses	\$3,309,351
Total Operating Revenue	\$122,721,679	Total Net Gain over Loss	\$9,334,147

6. Assets and Liabilities	
Total Assets	\$156,376,794
Total Liabilities	\$59,715,512

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$86,064,482	\$50,720,389	\$35,344,093
Medicaid	\$12,594,802	\$9,775,906	\$2,818,896
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$111,254,087	\$22,736,479	\$88,517,608
Total	\$209,913,371	\$88,232,774	\$126,680,597

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$1,500,000	\$1,500,000	\$0
Educational	\$0	\$1,450,000	(\$1,450,000)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	200
Number of Hospital Patients Educated In This Hospital	100,000
Number of Citizens Exposed to Hospital's Health Education Messages	210,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$41,560,277	\$53,280,738	(\$11,720,461)
Community Benefits	\$0	\$120,000	(\$120,000)

For further information on this report, please contact:

Hospital Representative Paul M. Bowling

Telephone Number 317/776-7105

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	806	656
2. % of Salary	Salary Expenses divided by Total Expenses	36.1%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	70.3	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,847	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$19,357	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	52.3%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,151	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.0%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.5%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,328,810)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.9	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: West Central Community Hospital

Year: 2004 City: Clinton Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$14,020,167	Salaries and Wages	\$6,090,593
Outpatient Patient Service Revenue	\$22,920,324	Employee Benefits and Taxes	\$683,478
Total Gross Patient Service Revenue	\$36,940,491	Depreciation and Amortization	\$336,264
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$18,405,161	Bad Debt	\$1,557,460
Other Deductions	\$848,046	Other Expenses	\$9,121,849
Total Deductions	\$19,253,207	Total Operating Expenses	\$17,789,644
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$17,687,284	Net Operating Revenue over Expenses	\$205,725
Other Operating Revenue	\$308,085	Net Non-operating Gains over Losses	\$18,817
		Total Net Gain over Loss	\$224,542

Total Operating Revenue	\$17,995,369
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	NR
Total Liabilities	NR

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$15,200,131	\$10,200,294	\$4,999,837
Medicaid	\$5,230,607	\$4,733,525	\$497,082
Other State	\$36,324	\$32,870	\$3,454
Local Government	\$0	\$0	\$0
Commercial Insurance	\$16,473,429	\$3,438,472	\$13,034,957
Total	\$36,940,491	\$18,405,161	\$18,535,330

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$1,272	(\$1,272)

Educational	\$0	\$177,561	(\$177,561)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	17,377
Number of Hospital Patients Educated In This Hospital	44,493
Number of Citizens Exposed to Health Education Message	1,125

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Vermillion	Community Served	Parke and Vermillion counties
------------------------	------------	-------------------------	-------------------------------

Hospital Mission Statement

“ Provide compassionate convenient, quality cost effective services to meet the identified needs of residents. As a nonprofit organization, services are offered regardless of an individual’s ability to pay within the organization’s available resources”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	175	NR	NR
Charity Care Allocation	(\$288,406)	(\$385,730)	(\$405,246)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
No Programs Listed	\$0

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$3,640,823)
2. Community Health Education	(\$2,221)
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	(\$6,527)
5. Total Costs of Providing Community Benefits	(\$3,649,571)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Jane Crane

Telephone number: 812/233-7655

Web Address Information: www.uhhg.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	158	225
2. % of Salary	Salary Expenses divided by Total Expenses	34.2%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	10.1	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.7	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,527	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,189	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	62.0%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,050	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.1%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.8%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$405,246)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.1	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Daviess Community Hospital

Year: 2004 City: Washington Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$28,664,625	Salaries and Wages	\$16,622,707
Outpatient Patient Service Revenue	\$38,747,670	Employee Benefits and Taxes	\$1,727,297
Total Gross Patient Service Revenue	\$67,412,296	Depreciation and Amortization	\$2,704,297
2. Deductions from Revenue		Interest Expenses	\$1,132,691
Contractual Allowances	\$22,399,756	Bad Debt	\$2,757,528
Other Deductions	\$4,510,598	Other Expenses	\$16,687,528
Total Deductions	\$26,910,354	Total Operating Expenses	\$41,632,228
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$40,501,942	Net Operating Revenue over Expenses	(\$193,631)
Other Operating Revenue	\$936,655	Net Non-operating Gains over Losses	\$508,056
Total Operating Revenue	\$41,438,597	Total Net Gain over Loss	\$314,425

6. Assets and Liabilities	
Total Assets	\$58,319,811
Total Liabilities	\$26,872,690

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$32,076,274	\$17,694,308	\$14,381,966
Medicaid	\$9,298,269	\$5,019,707	\$4,278,562
Other State	\$0	\$0	\$0
Local Government	\$360,523	\$90,131	\$270,392
Commercial Insurance	\$25,677,230	\$4,106,208	\$21,501,942
Total	\$67,412,296	\$26,910,354	\$40,501,942

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$26,140	\$26,140	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$187,637	(\$187,637)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Chad Higgins

Telephone Number 812/254-2760

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	449	656
2. % of Salary	Salary Expenses divided by Total Expenses	39.9%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	33.3	58.6%
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$9,141	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,967	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	57.5%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$507	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	47.6%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.6%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$187,637)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-0.5	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Decatur County Memorial Hospital

Year: 2004 City: Greensburg Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$19,368,586	Salaries and Wages	\$14,302,273
Outpatient Patient Service Revenue	\$37,616,601	Employee Benefits and Taxes	\$3,854,998
Total Gross Patient Service Revenue	\$56,984,187	Depreciation and Amortization	\$1,366,834
2. Deductions from Revenue		Interest Expenses	\$118,143
Contractual Allowances	\$22,879,917	Bad Debt	\$2,733,002
Other Deductions	\$576,619	Other Expenses	\$10,402,198
Total Deductions	\$23,456,536	Total Operating Expenses	\$32,777,447
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$33,527,651	Net Operating Revenue over Expenses	\$1,281,989
Other Operating Revenue	\$531,785	Net Non-operating Gains over Losses	\$166,993
Total Operating Revenue	\$34,059,436	Total Net Gain over Loss	\$1,448,981

		6. Assets and Liabilities	
		Total Assets	\$37,805,083
		Total Liabilities	\$37,805,083

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$23,118,912	\$14,777,712	\$8,341,200
Medicaid	\$4,742,391	\$2,468,437	\$2,273,954
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$29,122,884	\$5,633,768	\$23,489,116
Total	\$56,984,187	\$22,879,917	\$34,104,270

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$220,331	(\$220,331)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Carol Geise

Telephone Number 812/663-4331

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	339	225
2. % of Salary	Salary Expenses divided by Total Expenses	43.6%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	34.7	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.3	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,033	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,617	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	66.0%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$625	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.6%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.3%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$220,331)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.8	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Fayette Memorial Hospital Association

Year: 2004 City: Connersville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$31,589,402	Salaries and Wages	\$22,443,296
Outpatient Patient Service Revenue	\$58,486,244	Employee Benefits and Taxes	\$5,694,077
Total Gross Patient Service Revenue	\$90,075,646	Depreciation and Amortization	\$3,877,457
2. Deductions from Revenue		Interest Expenses	\$1,449,126
Contractual Allowances	\$40,684,104	Bad Debt	\$3,632,940
Other Deductions	(\$2,001,753)	Other Expenses	\$13,330,733
Total Deductions	\$38,682,351	Total Operating Expenses	\$50,427,629
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$51,393,295	Net Operating Revenue over Expenses	\$2,489,371
Other Operating Revenue	\$1,523,705	Net Non-operating Gains over Losses	\$1,126,707
		Total Net Gain over Loss	\$3,616,078

Total Operating Revenue	\$52,917,000
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$61,211,820
Total Liabilities	\$30,036,952

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$37,204,271	\$26,845,265	\$10,359,006
Medicaid	\$12,513,768	\$10,698,830	\$1,814,938
Other State	\$0	\$0	\$0
Local Government	\$2,002,600	\$594,286	\$1,408,317
Commercial Insurance	\$38,355,007	\$2,590,378	\$35,764,629
Total	\$90,075,646	\$40,728,759	\$49,346,887

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$20,000	\$0	\$20,000

Educational	\$102,324	\$203,818	(\$118,510)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Fayette	Community Served	Fayette County
------------------------	---------	-------------------------	----------------

Hospital Mission Statement

“Fayette Memorial Hospital is a community-directed nonprofit organization committed to provided primary access to a continuum of quality cost-effective health care services offered by the hospital physicians and other health care providers.”

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	91	91	91
Charity Care Allocation	(\$402,734)	(\$333,254)	(\$594,836)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Fayette Health Fair	(\$12,605)
March of Dimes	(\$1,100)

Race for the Cure	(\$902)
Fayette Jump Start Club	(\$3,000)
Other Initiatives	(\$3,985)
Subtotal	(\$21,592)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$438,861)
2. Community Health Education	(\$8,508)
3. Community Programs and Services	(21,592)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$451,945)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Patsy Moore

Telephone number: 765/827-7952

Web Address Information: www.fayettememorial.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	510	656
2. % of Salary	Salary Expenses divided by Total Expenses	44.5%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	43.0	58.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,051	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,075	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	64.9%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,162	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.3%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.2%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$594,836)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.7	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Schneck Medical Center

Year: 2004 City: Seymour Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$37,770,013	Salaries and Wages	\$24,486,910
Outpatient Patient Service Revenue	\$84,084,977	Employee Benefits and Taxes	\$8,164,193
Total Gross Patient Service Revenue	\$121,854,990	Depreciation and Amortization	\$3,669,141
2. Deductions from Revenue		Interest Expenses	\$1,360,038
Contractual Allowances	\$49,948,691	Bad Debt	\$5,530,105
Other Deductions	\$343,076	Other Expenses	\$17,580,513
Total Deductions	\$50,291,767	Total Operating Expenses	\$60,790,900
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$71,563,223	Net Operating Revenue over Expenses	\$11,447,654
Other Operating Revenue	\$675,331	Net Non-operating Gains over Losses	\$3,167,850
Total Operating Revenue	\$72,238,554	Total Net Gain over Loss	\$14,615,504

6. Assets and Liabilities	
Total Assets	\$121,747,137
Total Liabilities	\$31,054,855

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$46,147,403	\$30,981,972	\$15,165,431
Medicaid	\$10,877,557	\$5,412,361	\$5,465,196
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$64,830,030	\$13,897,434	\$50,932,596
Total	\$121,854,990	\$50,291,767	\$71,563,223

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$103,995	\$23,343	\$80,652
Educational	\$77,599	\$85,257	(\$7,658)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	3,948
Number of Citizens Exposed to Hospital's Health Education Messages	253,738

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$18,144,150	\$18,803,404	(\$659,254)
Community Benefits	\$1,254,697	\$2,376,506	(\$1,121,809)

For further information on this report, please contact:

Hospital Representative Shawna Shinkle

Telephone Number 812/522-2349

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	548	656
2. % of Salary	Salary Expenses divided by Total Expenses	40.3%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	38.4	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$13,389	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,145	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.0%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$751	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	37.9%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.1%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$343,076)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	15.8	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Greene County General Hospital

Year: 2004 City: Linton Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$9,193,044	Salaries and Wages	\$7,790,602
Outpatient Patient Service Revenue	\$22,055,776	Employee Benefits and Taxes	\$3,616,894
Total Gross Patient Service Revenue	\$31,248,820	Depreciation and Amortization	\$696,405
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$11,259,978	Bad Debt	\$1,832,632
Other Deductions	\$0	Other Expenses	\$5,652,308
Total Deductions	\$11,259,978	Total Operating Expenses	\$19,588,841
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$19,988,842	Net Operating Revenue over Expenses	\$901,995
Other Operating Revenue	\$501,994	Net Non-operating Gains over Losses	\$47,095
Total Operating Revenue	\$20,490,836	Total Net Gain over Loss	\$948,090

6. Assets and Liabilities	
Total Assets	\$17,024,423
Total Liabilities	\$2,999,079

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$21,249,198	\$6,181,548	\$15,067,650
Medicaid	\$2,756,589	\$2,452,620	\$303,969
Other State	\$0	\$0	\$0
Local Government	\$937,465	\$26,070	\$911,395
Commercial Insurance	\$6,305,568	\$2,599,740	\$3,705,828
Total	\$31,248,820	\$11,259,978	\$19,988,842

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$5,000	(\$5,000)
Educational	\$0	\$10,607	(\$10,607)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	47
Number of Hospital Patients Educated In This Hospital	128
Number of Citizens Exposed to Hospital's Health Education Messages	2,715

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$394,446	(\$394,446)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Timothy W. Norris

Telephone Number 812/847-2281

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	206	225
2. % of Salary	Salary Expenses divided by Total Expenses	39.8%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	13.7	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.4	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,055	\$9,112
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$4,487	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	70.6%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$567	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	68.0%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.4%	87.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$394,446)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.4	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Dukes Memorial Hospital

Year: 2004 City: Peru Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$13,817,833	Salaries and Wages	\$13,537,825
Outpatient Patient Service Revenue	\$33,330,114	Employee Benefits and Taxes	\$3,649,395
Total Gross Patient Service Revenue	\$47,147,947	Depreciation and Amortization	\$1,831,535
2. Deductions from Revenue		Interest Expenses	\$280,103
Contractual Allowances	\$17,276,546	Bad Debt	\$1,745,473
Other Deductions	\$274,698	Other Expenses	\$9,772,183
Total Deductions	\$17,551,244	Total Operating Expenses	\$30,816,514
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$29,596,703	Net Operating Revenue over Expenses	(\$669,154)
Other Operating Revenue	\$577,657	Net Non-operating Gains over Losses	(\$191,561)
Total Operating Revenue	\$30,147,360	Total Net Gain over Loss	(\$860,715)

6. Assets and Liabilities	
Total Assets	\$23,275,431
Total Liabilities	\$23,275,431

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$16,550,690	\$8,902,012	\$7,648,679
Medicaid	\$4,061,534	\$2,409,069	\$1,652,465
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$26,535,723	\$6,240,162	\$20,295,561
Total	\$47,147,947	\$17,551,243	\$29,596,704

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$188,137	\$0	\$188,137
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	(\$33,991)	\$1,187,973	(\$1,221,964)
Community Benefits	\$0	\$107,510	(\$107,510)

For further information on this report, please contact:

Hospital Representative Norma Poor

Telephone Number 765/472-8000

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	351	225
2. % of Salary	Salary Expenses divided by Total Expenses	41.3%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	14.9	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.7	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,116	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,188	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	73.4%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$616	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.0%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.5%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$127,771)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.2	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: King's Daughters' Hospital and Health Service

Year: 2004 City: Madison Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$46,241,916	Salaries and Wages	\$24,062,037
Outpatient Patient Service Revenue	\$79,902,764	Employee Benefits and Taxes	\$6,131,921
Total Gross Patient Service Revenue	\$126,144,680	Depreciation and Amortization	\$3,189,567
2. Deductions from Revenue		Interest Expenses	\$434,841
Contractual Allowances	\$56,601,956	Bad Debt	\$5,567,026
Other Deductions	\$1,694,753	Other Expenses	\$17,874,026
Total Deductions	\$58,296,709	Total Operating Expenses	\$57,259,785
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$67,847,971	Net Operating Revenue over Expenses	\$11,070,071
Other Operating Revenue	\$481,885	Net Non-operating Gains over Losses	\$1,605,916
		Total Net Gain over Loss	\$12,675,987

Total Operating Revenue	\$68,329,856
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$91,844,634
Total Liabilities	\$91,844,634

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$56,651,873	\$38,224,175	\$18,427,701
Medicaid	\$12,280,353	\$11,336,989	\$943,455
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$57,212,454	\$7,040,886	\$50,171,568
Total	\$126,144,680	\$56,601,956	\$69,542,724

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$214,301	(\$214,301)

Educational	\$54,285	\$302,059	(\$247,774)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	11
17	2,399
Number of Citizens Exposed to Health Education Message	846,971

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Jefferson	Community Served	Jefferson County
------------------------	-----------	-------------------------	------------------

Hospital Mission Statement

“Provide excellence in healthcare through the identification and continuous improvement of services that meets needs and expectations of our patients, physicians, payers, employees, and the communities we serve”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	116	180	985
Charity Care Allocation	(\$702,569)	(\$928,163)	(\$1,694,753)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Community Education and Outreach	(\$151,791)
Community Health Screening	(\$28,715)

Donations of time and money	(\$214,301)
Patient Education	(\$192)
Subtotal	(\$394,999)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$12,833,334)
2. Community Health Education	(\$151,791)
3. Community Programs and Services	(\$28,715)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$13,013,840)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Nadja Boone

Telephone number: 812/265-0128

Web Address Information: www.kingsdaughtershospital.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	874	656
2. % of Salary	Salary Expenses divided by Total Expenses	42.0%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	41.8	58.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,708	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,290	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	63.3%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$680	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.9%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.7%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$772,774)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	16.2	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Perry County Memorial Hospital

Year: 2004 City: Tell City Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$14,967,303	Salaries and Wages	\$6,688,908
Outpatient Patient Service Revenue	\$27,380,854	Employee Benefits and Taxes	\$2,651,129
Total Gross Patient Service Revenue	\$42,348,268	Depreciation and Amortization	\$903,550
2. Deductions from Revenue		Interest Expenses	\$126,028
Contractual Allowances	\$19,337,865	Bad Debt	\$1,761,980
Other Deductions	\$270,205	Other Expenses	\$8,132,987
Total Deductions	\$19,608,070	Total Operating Expenses	\$20,264,582
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$22,740,197	Net Operating Revenue over Expenses	\$2,864,645
Other Operating Revenue	\$389,030	Net Non-operating Gains over Losses	\$333,380
Total Operating Revenue	\$23,129,227	Total Net Gain over Loss	\$3,198,025

6. Assets and Liabilities	
Total Assets	\$24,706,440
Total Liabilities	\$4,628,051

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,596,704	\$13,257,562	\$7,339,142
Medicaid	\$5,045,125	\$3,298,798	\$1,746,327
Other State	\$384,059	\$230,415	\$153,611
Local Government	\$268,059	\$147,432	\$120,627
Commercial Insurance	\$16,348,354	\$2,673,864	\$13,380,490
Total	\$42,348,268	\$19,608,071	\$22,740,197

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$91,720	\$0	\$71,720
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	41,264
Number of Citizens Exposed to Hospital's Health Education Messages	6,565

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$78,014	(\$78,014)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Douglas B. Lewis

Telephone Number 812/547-0146

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	216	225
2. % of Salary	Salary Expenses divided by Total Expenses	33.0%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	13.7	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.9	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,680	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,585	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	64.7%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,314	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.6%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.7%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$131,333)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.4	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Bloomington Hospital Of Orange County

Year: 2004 City: Paoli Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$4,741,928	Salaries and Wages	\$7,280,022
Outpatient Patient Service Revenue	\$26,561,388	Employee Benefits and Taxes	\$1,858,467
Total Gross Patient Service Revenue	\$31,283,316	Depreciation and Amortization	\$510,640
2. Deductions from Revenue		Interest Expenses	\$57,145
Contractual Allowances	\$13,751,045	Bad Debt	\$2,382,815
Other Deductions	\$570,303	Other Expenses	\$4,797,269
Total Deductions	\$14,321,348	Total Operating Expenses	\$16,886,338
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$16,961,968	Net Operating Revenue over Expenses	\$799,220
Other Operating Revenue	\$723,590	Net Non-operating Gains over Losses	\$110,055
		Total Net Gain over Loss	\$909,275

Total Operating Revenue	\$17,685,558
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$9,116,158
Total Liabilities	\$4,498,968

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$12,452,186	\$6,596,882	\$5,855,304
Medicaid	\$6,495,710	\$5,530,082	\$965,628
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$12,335,420	\$2,194,384	\$10,141,036
Total	\$31,283,316	\$14,321,348	\$16,961,968

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$79,602	\$79,602	\$0

Educational	\$17,016	\$226,926	(\$209,910)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	309
Number of Hospital Patients Educated In This Hospital	762
Number of Citizens Exposed to Health Education Message	9,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Orange	Community Served	Orange and Owen Counties
------------------------	--------	-------------------------	--------------------------

Hospital Mission Statement

“Will take a leadership role in developing and providing appropriate high quality accessible cost effective customer focused health services to improve the health status of those we serve and become the provider of choice of Orange County”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$108,862)	(\$212,989)	(\$180,577)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Community Programs	(\$23,725)
Worksite Programs	(\$5,931)

School Programs	(\$29,656)
Subtotal	(\$59,312)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$1,183,949)
2. Community Health Education	(\$73,894)
3. Community Programs and Services	(\$328,377)
4. Other Unreimbursed Costs	(\$90,440)
5. Total Costs of Providing Community Benefits	(\$1,675,660)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Judy Detweiler

Telephone number: 812/723-7445

Web Address Information: www.bhoc.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	174	225
2. % of Salary	Salary Expenses divided by Total Expenses	43.1%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	6.6	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,756	\$3,664

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$5,992	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	84.9%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$940	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.8%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	14.1%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$82,805)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.5	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Memorial Hospital Logansport

Year: 2004 City: Logansport Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$34,636,113	Salaries and Wages	\$17,968,487
Outpatient Patient Service Revenue	\$57,302,686	Employee Benefits and Taxes	\$4,709,045
Total Gross Patient Service Revenue	\$91,938,799	Depreciation and Amortization	\$2,845,330
2. Deductions from Revenue		Interest Expenses	\$312,690
Contractual Allowances	\$49,084,971	Bad Debt	\$3,016,534
Other Deductions	(\$261,053)	Other Expenses	\$13,980,180
Total Deductions	\$48,823,918	Total Operating Expenses	\$42,832,266
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$43,114,881	Net Operating Revenue over Expenses	\$1,873,466
Other Operating Revenue	\$1,590,851	Net Non-operating Gains over Losses	\$230,861
Total Operating Revenue	\$44,705,732	Total Net Gain over Loss	\$2,104,327

6. Assets and Liabilities	
Total Assets	\$72,054,436
Total Liabilities	\$72,054,436

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$37,650,646	\$27,544,663	\$10,105,983
Medicaid	\$10,627,298	\$8,869,977	\$1,757,321
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$43,660,855	\$12,670,331	\$30,990,524
Total	\$91,938,799	\$49,084,971	\$42,853,828

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$147,803	(\$147,803)
Educational	\$0	\$11,528	(\$11,528)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	108
Number of Hospital Patients Educated In This Hospital	76,903
Number of Citizens Exposed to Hospital's Health Education Messages	9,649

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$14,079,674	\$21,332,865	(\$7,253,191)
Community Benefits	\$5,236	\$19,476	(\$14,240)

For further information on this report, please contact:

Hospital Representative Sherri Gehlhausen

Telephone Number 574/753-7541

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	478	656
2. % of Salary	Salary Expenses divided by Total Expenses	42.0%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	22.8	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,167	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,060	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	62.3%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,173	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.0%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.0%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under-adopted charity policy	(\$708,841)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.2	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital of Indiana East

Year: 2004 City: Indianapolis Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$195,301,131	Salaries and Wages	\$85,024,635
Outpatient Patient Service Revenue	\$234,114,720	Employee Benefits and Taxes	\$14,896,469
Total Gross Patient Service Revenue	\$429,415,851	Depreciation and Amortization	\$13,646,598
2. Deductions from Revenue		Interest Expenses	\$5,206,414
Contractual Allowances	\$135,454,841	Bad Debt	\$19,672,019
Other Deductions	\$74,288,247	Other Expenses	\$124,440,319
Total Deductions	\$209,743,088	Total Operating Expenses	\$262,886,454
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$219,672,763	Net Operating Revenue over Expenses	(\$2,448,863)
Other Operating Revenue	\$40,764,828	Net Non-operating Gains over Losses	\$2,782,377
		Total Net Gain over Loss	\$333,514

Total Operating Revenue	\$260,437,591
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$299,553,230
Total Liabilities	\$113,981,575

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$198,716,995	\$132,614,538	\$66,102,258
Medicaid	\$40,789,769	\$32,962,995	\$7,826,774
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$189,909,086	\$44,165,555	\$145,743,531
Total	\$429,415,851	\$209,743,088	\$219,672,763

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$364,360	\$0	\$364,360

Educational	\$4,458,656	\$7,489,595	(\$3,030,939)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	208
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	Community Served	Marion, Hamilton, Hancock, Johnson, Shelby, and Morgan Counties
------------------------	--------	-------------------------	---

Hospital Mission Statement

“With caring and compassion, we continually strive to improve the health and well being of those individuals in central Indiana who entrust their care to us.”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	Yes	Disease Detection	Yes	Community Plan	YES
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	12,426	12,717	NR
Charity Care Allocation	(\$1,562,896)	(\$1,960,151)	(\$1,377,694)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
School Health Clinics	(\$103,378)
Family Practice and Maternity Care Center	(\$189,886)
Health Promotion Services	(\$137,095)

Other Expenses	(\$24,729,940)
Subtotal	(\$24,156,299)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$22,493,456)
2. Community Health Education	\$0
3. Community Programs and Services	(\$25,160,035)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$47,653,491)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Daniel Hodgkins

Telephone number: 317/621-7636

Web Address Information: www.ecommunity.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,270	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	32.3%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	166.7	251.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.4	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,071	\$3,873

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$17,222	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	54.5%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,200	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.3%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.5%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,377,694)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.9%	5.9.

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital of Indiana North (Satellite)

Year: 2004 City: Indianapolis Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$180,062,154	Salaries and Wages	\$68,730,431
Outpatient Patient Service Revenue	\$301,707,791	Employee Benefits and Taxes	\$11,664,276
Total Gross Patient Service Revenue	\$481,769,945	Depreciation and Amortization	\$7,913,394
2. Deductions from Revenue		Interest Expenses	\$1,740,188
Contractual Allowances	\$100,108,965	Bad Debt	\$17,688,720
Other Deductions	\$115,244,166	Other Expenses	\$144,412,023
Total Deductions	\$215,353,131	Total Operating Expenses	\$252,149,032
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$266,416,814	Net Operating Revenue over Expenses	\$30,126,879
Other Operating Revenue	\$15,859,097	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$30,126,879

Total Operating Revenue	\$282,275,911
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$210,084,654
Total Liabilities	\$83,032,663

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$121,127,469	\$81,001,147	\$40,126,322
Medicaid	\$54,497,005	\$39,098,984	\$15,398,021
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$306,145,471	\$95,253,000	\$210,892,471
Total	\$481,769,945	\$215,353,131	\$266,416,814

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	NR
Number of Hospital Patients Educated In This Hospital	NR
Number of Citizens Exposed to Health Education Message	NR

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	Community Served	Marion, Hamilton, Hancock, Johnson, Shelby, and Morgan Counties
------------------------	--------	-------------------------	---

Hospital Mission Statement

“With caring and compassion, we continually strive to improve the health and well being of those individuals in central Indiana who entrust their care to us.”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	Yes	Disease Detection	Yes	Community Plan	YES
Professional Education	Yes	Practitioner Education	Yes	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	12,426	12,717	NR
Charity Care Allocation	(\$1,562,896)	(\$1,980,151)	(\$2,387,153)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
School Health Clinics	(\$103,378)
Family Practice and Maternity Care Center	(\$189,886)
Health Promotion Services	(\$137,095)

Other Expenses	\$14,546,276)
Subtotal	(\$14,976,635)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$14,976,635)
2. Community Health Education	\$0
3. Community Programs and Services	(\$14,976,635)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$29,953,270)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Daniel Hodgkins

Telephone number: 317/621-7636

Web Address Information: www.ecommunity.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	880	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	27.3%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	202.4	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.8	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,299	\$3,873

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,803	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	62.6%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,671	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	25.1%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.0%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,387,153)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.7	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Bluffton Regional Medical Center

Year: 2004 City: Bluffton Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$34,971,907	Salaries and Wages	\$14,129,774
Outpatient Patient Service Revenue	\$46,009,845	Employee Benefits and Taxes	\$3,634,007
Total Gross Patient Service Revenue	\$80,981,752	Depreciation and Amortization	\$2,242,341
2. Deductions from Revenue		Interest Expenses	\$1,463,616
Contractual Allowances	\$40,621,840	Bad Debt	\$2,275,411
Other Deductions	\$1,019,449	Other Expenses	\$17,521,066
Total Deductions	\$41,641,289	Total Operating Expenses	\$41,266,215
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$39,340,463	Net Operating Revenue over Expenses	(\$333,836)
Other Operating Revenue	\$1,591,916	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$40,932,379	Total Net Gain over Loss	(\$333,836)

		6. Assets and Liabilities	
		Total Assets	\$38,015,582
		Total Liabilities	\$42,674,505

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$38,138,776	\$25,3023,346	\$12,836,430
Medicaid	\$7,136,134	\$5,494,886	\$1,641,248
Other State	\$0	\$0	\$0
Local Government	\$503,259	\$153,170	\$350,089
Commercial Insurance	\$35,203,583	\$9,671,438	\$25,532,145
Total	\$80,981,752	\$40,621,840	\$40,359,912

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$31,991	(\$31,991)
Educational	\$66,754	\$510,820	(\$444,066)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	138
Number of Hospital Patients Educated In This Hospital	3,071
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$14,829,233	\$22,916,529	(\$8,087,296)
Community Benefits	\$0	\$420,153	(\$420,153)

For further information on this report, please contact:

Hospital Representative Carol Chappell

Telephone Number 260/824-3210

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	112	225
2. % of Salary	Salary Expenses divided by Total Expenses	34.4%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	5.9	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$6,374	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,396	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	78.7%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,170	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	57.1%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.7%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$185,689)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-4.3	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Joseph Regional Medical Center - Plymouth

Year: 2004 City: Plymouth Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$34,525,710	Salaries and Wages	\$11,913,582
Outpatient Patient Service Revenue	\$40,360,988	Employee Benefits and Taxes	\$3,642,845
Total Gross Patient Service Revenue	\$74,886,698	Depreciation and Amortization	\$2,176,414
2. Deductions from Revenue		Interest Expenses	\$394,314
Contractual Allowances	\$36,597,633	Bad Debt	\$2,260,240
Other Deductions	\$2,176,038	Other Expenses	\$15,289,293
Total Deductions	\$38,776,671	Total Operating Expenses	\$35,676,688
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$36,113,028	Net Operating Revenue over Expenses	\$857,742
Other Operating Revenue	\$421,402	Net Non-operating Gains over Losses	\$607,119
		Total Net Gain over Loss	\$1,464,861

Total Operating Revenue	\$36,534,430
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$37,785,529
Total Liabilities	\$37,785,529

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$46,906,096	\$20,728,568	\$26,177,528
Medicaid	\$7,356,778	\$5,790,218	\$1,566,560
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$20,623,824	\$10,078,847	\$10,544,977
Total	\$74,886,698	\$36,597,633	\$38,289,065

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$60,193	(\$60,193)

Educational	\$1,750	\$5,240	(\$3,490)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	14
Number of Hospital Patients Educated In This Hospital	16,730
Number of Citizens Exposed to Health Education Message	70,471

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marshall	Community Served	Marshall County
------------------------	----------	-------------------------	-----------------

Hospital Mission Statement

“We serve together in Trinity Health in the spirit of the Gospel to head, body, mind, and spirit to improve health of our communities and to steward specific objectives set by the hospital”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2004

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	1,004	945	NR
Charity Care Allocation	(\$900,574)	(\$876,750)	(\$1,027,486)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$337,644)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$6,466,214)
2. Community Health Education	\$0
3. Community Programs and Services	(\$337,644)
4. Other Unreimbursed Costs	(\$1,909)
5. Total Costs of Providing Community Benefits	(\$6,805,667)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative:

Marty Breeden

Telephone number:

219/936-3181

Web Address Information:

www.sjmed.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	256	656
2. % of Salary	Salary Expenses divided by Total Expenses	33.4%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	23.0	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,496	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,910	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	53.9%	53.7%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$532	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	62.6%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.3%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,027,486)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.3	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Jasper County Hospital

Year: 2004 City: Renesselaer Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$13,825,477	Salaries and Wages	\$12,304,927
Outpatient Patient Service Revenue	\$28,466,284	Employee Benefits and Taxes	\$2,935,635
Total Gross Patient Service Revenue	\$42,291,761	Depreciation and Amortization	\$615,190
2. Deductions from Revenue		Interest Expenses	\$46,744
Contractual Allowances	\$18,586,105	Bad Debt	\$1,058,298
Other Deductions	\$0	Other Expenses	\$8,874,041
Total Deductions	\$18,586,105	Total Operating Expenses	\$25,835,465
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$23,705,656	Net Operating Revenue over Expenses	\$275,302
Other Operating Revenue	\$2,405,111	Net Non-operating Gains over Losses	(\$82,648)
Total Operating Revenue	\$26,110,767	Total Net Gain over Loss	\$192,654

6. Assets and Liabilities	
Total Assets	\$15,419,157
Total Liabilities	\$3,334,553

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$19,122,621	\$10,257,918	\$8,864,703
Medicaid	\$4,580,295	\$3,438,535	\$1,141,760
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$18,588,845	\$4,889,652	\$13,699,193
Total	\$42,291,761	\$18,586,105	\$23,705,656

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$12,500	\$83,883	(\$71,383)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	429
Number of Hospital Patients Educated In This Hospital	1,213
Number of Citizens Exposed to Hospital's Health Education Messages	83

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$6,884,892	\$7,030,279	(\$145,387)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Jeff Webb

Telephone Number 219/866-5141

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	310	225
2. % of Salary	Salary Expenses divided by Total Expenses	47.6%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	44.4	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	7.5	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,522	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,398	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	67.3%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$742	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.2%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.1%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$64,202)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.1	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Harrison County Hospital

Year: 2004 City: Corydon Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$19,704,070	Salaries and Wages	\$11,746,863
Outpatient Patient Service Revenue	\$42,964,368	Employee Benefits and Taxes	\$2,732,018
Total Gross Patient Service Revenue	\$62,668,438	Depreciation and Amortization	\$1,726,319
2. Deductions from Revenue		Interest Expenses	\$131,392
Contractual Allowances	\$30,030,486	Bad Debt	\$3,811,971
Other Deductions	\$553,847	Other Expenses	\$9,369,807
Total Deductions	\$30,584,333	Total Operating Expenses	\$29,518,370
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$32,084,105	Net Operating Revenue over Expenses	\$3,431,788
Other Operating Revenue	\$866,053	Net Non-operating Gains over Losses	\$134,559
Total Operating Revenue	\$32,950,158	Total Net Gain over Loss	\$3,566,347

6. Assets and Liabilities	
Total Assets	\$25,285,027
Total Liabilities	\$5,984,441

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$24,387,521	\$17,053,237	\$7,334,284
Medicaid	\$5,404,533	\$3,696,080	\$2,708,453
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$31,876,384	\$9,281,169	\$22,595,215
Total	\$68,668,438	\$30,030,486	\$32,637,952

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$14,861	\$182,073	(\$167,212)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	168
Number of Hospital Patients Educated In This Hospital	26,753
Number of Citizens Exposed to Hospital's Health Education Messages	20,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$9,323,266	\$11,547,844	(\$2,224,578)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Keith Lieber

Telephone Number 812/738-4251

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	302	225
2. % of Salary	Salary Expenses divided by Total Expenses	39.8%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	17.6	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,336	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,536	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	68.6%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$910	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.9%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	12.9%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$260,308)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.4	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Deaconess Hospital

Year: 2004 City: Evansville Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$392,489,907	Salaries and Wages	\$107,411,181
Outpatient Patient Service Revenue	\$257,278,209	Employee Benefits and Taxes	\$28,683,216
Total Gross Patient Service Revenue	\$619,768,016	Depreciation and Amortization	\$16,758,597
2. Deductions from Revenue		Interest Expenses	\$3,480,598
Contractual Allowances	\$317,787,302	Bad Debt	\$27,074,991
Other Deductions	\$11,546,103	Other Expenses	\$103,116,245
Total Deductions	\$329,333,405	Total Operating Expenses	\$286,624,828
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$290,434,610	Net Operating Revenue over Expenses	\$16,261,823
Other Operating Revenue	\$12,452,041	Net Non-operating Gains over Losses	\$2,919,450
		Total Net Gain over Loss	\$19,181,273

Total Operating Revenue	\$302,886,651
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$460,427,433
Total Liabilities	\$205,164,344

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$308,107,357	\$203,707,434	\$104,399,923
Medicaid	\$50,820,221	\$36,272,718	\$14,547,503
Other State	\$6,590,824	\$4,863,718	\$1,727,106
Local Government	\$0	\$0	\$0
Commercial Insurance	\$254,249,614	\$72,943,432	\$181,306,182
Total	\$619,768,016	\$317,787,302	\$301,980,714

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$1,409,310	\$1,103,950	\$305,360

Educational	\$9,753	\$1,257,734	(\$1,247,981)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$169,000	\$169,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	1,391
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	56,180

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Vanderburgh	Community Served	Residents of southwest Indiana, southeastern Illinois, and western Kentucky
------------------------	-------------	-------------------------	---

Hospital Mission Statement

“Continue to provide our patients medical care in a responsible cost effective manner. Provide a positive safe environment for our employees. Provide an environment conducive to the practice of medicine for our medical staff”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	2,733	3,719	6,337
Charity Care Allocation	(\$2,964,073)	(\$2,044,179)	(\$4,297,009)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Various Clinics	\$481,715)
Physician Coverage Rural Areas	(\$648,887)

Family Practice	(\$1,253,894)
Resource Center	(\$232,417)
Other Programs	(\$168,411)
Subtotal	(\$2,785,324)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$43,688,882)
2. Community Health Education	(\$467,971)
3. Community Programs and Services	(\$2,785,324)
4. Other Unreimbursed Costs	(\$139,308)
5. Total Costs of Providing Community Benefits	(\$47,081,485)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Sam Rogers

Telephone number: 812/450-3606

Web Address Information: www.deaconness.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	2,360	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	37.5%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	220.9	251.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$4,397	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$23,323	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	41.5%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$996	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	49.7%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.4%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$5,647,726)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.4	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Hospital and Health Service

Year: 2004 City: Indianapolis Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$631,955,648	Salaries and Wages	\$227,329,038
Outpatient Patient Service Revenue	\$378,519,974	Employee Benefits and Taxes	\$63,682,275
Total Gross Patient Service Revenue	\$1,010,475,622	Depreciation and Amortization	\$37,029,188
2. Deductions from Revenue		Interest Expenses	\$6,188,629
Contractual Allowances	\$409,386,794	Bad Debt	\$21,117,798
Other Deductions	\$22,319,890	Other Expenses	\$212,880,050
Total Deductions	\$431,706,684	Total Operating Expenses	\$568,226,978
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$578,768,938	Net Operating Revenue over Expenses	\$35,041,678
Other Operating Revenue	\$24,499,718	Net Non-operating Gains over Losses	\$15,589,053
		Total Net Gain over Loss	\$50,630,731

Total Operating Revenue	\$603,268,656
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$861,411,479
Total Liabilities	\$341,774,033

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$357,545,000	\$209,433,944	\$148,111,056
Medicaid	\$91,881,000	\$80,197,316	\$11,683,684
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$561,049,622	\$142,075,424	\$418,974,198
Total	\$1,010,475,622	\$431,706,684	\$578,768,938

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$1,317,500	(\$1,317,500)

Educational	\$3,211,687	\$13,886,544	(\$10,674,857)
Research	\$102,406	\$248,133	(\$145,727)
Bioterrorism Grant	\$169,000	\$169,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	130
Number of Hospital Patients Educated In This Hospital	754,170
Number of Citizens Exposed to Health Education Message	1,750,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	Community Served	Marion, Hamilton, and surrounding counties
------------------------	--------	-------------------------	--

Hospital Mission Statement

“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	1,504,060	439,665	2,893,982
Charity Care Allocation	(\$39,482,549)	(\$51,772,944)	\$52,783,955)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$12,291,872)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$82,142,641)
2. Community Health Education	(\$300,000)
3. Community Programs and Services	(\$1,642,288)
4. Other Unreimbursed Costs	(\$2,554,330)
5. Total Costs of Providing Community Benefits	(\$86,639,259)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Marty Rugh

Telephone number:

317/338-7370

Web Address Information:

www.stvincent.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	4,339	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	40.0%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	453.8	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.7	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$4,033	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$21,642	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	37.5%	41.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,796	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	35.4%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.7%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$6,796,797)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.8	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Dearborn Hospital

Year: 2004 City: Lawrenceburg Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$47,242,235	Salaries and Wages	\$25,129,265
Outpatient Patient Service Revenue	\$59,626,398	Employee Benefits and Taxes	\$7,414,536
Total Gross Patient Service Revenue	\$108,868,633	Depreciation and Amortization	\$3,086,621
2. Deductions from Revenue		Interest Expenses	\$249,375
Contractual Allowances	\$42,368,924	Bad Debt	\$3,986,913
Other Deductions	\$1,551,066	Other Expenses	\$20,740,855
Total Deductions	\$43,919,990	Total Operating Expenses	\$60,607,565
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$62,948,643	Net Operating Revenue over Expenses	\$3,883,865
Other Operating Revenue	\$1,542,787	Net Non-operating Gains over Losses	\$1,565,592
		Total Net Gain over Loss	\$5,449,457

Total Operating Revenue	\$64,491,430
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$68,717,418
Total Liabilities	\$4,812,927

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$48,380,913	\$28,254,455	\$20,126,458
Medicaid	\$11,120,705	\$4,005,477	\$7,115,228
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$47,367,015	\$10,108,992	\$37,258,023
Total	\$106,868,633	\$42,368,924	\$64,499,709

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$113,858	\$47,980	\$65,878

Educational	\$10,760	\$145,651	(\$134,891)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	40
Number of Hospital Patients Educated In This Hospital	42,971
Number of Citizens Exposed to Health Education Message	82,580

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a county based organization who is filing an annual community benefit statement with the Department as a voluntary basis. Each hospital completing the statement must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Dearborn	Community Served	Southeastern Indiana
------------------------	----------	-------------------------	----------------------

Hospital Mission Statement

“To provide quality health care services and associated services to residents of southeastern Indiana and to adjacent counties in Northern Kentucky and Southwestern Ohio”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	NO
Professional Education	YES	Practitioner Education	No	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	NR

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$550,274)	(\$163,753)	(\$271,273)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Dearborn County Health Fairs	(\$10,098)
Sports Symposium Physicals, Games	(\$5,550)

Training Clinical Lab Assistants	(\$55,897)
Community Education	(\$74,247)
Other Allocations	(\$29,041)
Subtotal	(\$174,833)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$5,725,261)
2. Community Health Education	(\$74,267)
3. Community Programs and Services	(\$15,648)
4. Other Unreimbursed Costs	(\$29,041)
5. Total Costs of Providing Community Benefits	(\$5,844,186)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Peter Resnick

Telephone number: 812/537-8200

Web Address Information: www.dch.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	588	656
2. % of Salary	Salary Expenses divided by Total Expenses	41.5%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	46.0	58.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$10,103	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,718	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	55.8%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$451	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.3%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.6%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$137,944)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.0	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Saint John's Health System

Year: 2004 City: Anderson Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$95,971,235	Salaries and Wages	\$55,666,949
Outpatient Patient Service Revenue	\$153,934,366	Employee Benefits and Taxes	\$12,482,088
Total Gross Patient Service Revenue	\$249,905,601	Depreciation and Amortization	\$6,256,746
2. Deductions from Revenue		Interest Expenses	\$1,972,457
Contractual Allowances	\$109,461,088	Bad Debt	\$8,995,847
Other Deductions	\$3,969,006	Other Expenses	\$49,293,202
Total Deductions	\$113,430,094	Total Operating Expenses	\$134,667,289
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$136,475,507	Net Operating Revenue over Expenses	\$5,986,994
Other Operating Revenue	\$4,178,776	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$5,986,994

Total Operating Revenue	\$140,654,283
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$97,415,637
Total Liabilities	\$78,297,414

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$120,385,935	\$61,369,069	\$59,016,866
Medicaid	\$30,723,012	\$14,818,992	\$15,909,019
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$98,796,654	\$37,247,033	\$61,549,622
Total	\$248,905,601	\$113,430,094	\$136,475,507

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$350,625	\$292,302	\$58,323

Educational	\$0	\$144,950	(\$144,950)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	304
Number of Hospital Patients Educated In This Hospital	1,340
Number of Citizens Exposed to Health Education Message	9,763

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Madison	Community Served	Madison County
------------------------	---------	-------------------------	----------------

Hospital Mission Statement

“Saint John’s Health System commits ourselves to serving all persons with special attention to those who are poor and vulnerable, and is dedicated to spiritually centered, holistic care”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	6,903	7,072	8,464
Charity Care Allocation	(\$6,719,443)	(\$8,441,771)	(\$5,069,204)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$305,041)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$13,148,894)
2. Community Health Education	(\$91,740)
3. Community Programs and Services	(\$14,982,362)
4. Other Unreimbursed Costs	(\$566,903)
5. Total Costs of Providing Community Benefits	(\$28,789,899)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Maggie Charnoski

Telephone number: 317/338-7374

Web Address Information: www.stjohnhealthsystem.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,383	656
2. % of Salary	Salary Expenses divided by Total Expenses	41.3%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	13.8	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,408	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,974	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.6%	53.7%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$933	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.2%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.7%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,995,916)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.3	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Ball Memorial Hospital

Year: 2004 City: Muncie Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$271,084,178	Salaries and Wages	\$80,874,799
Outpatient Patient Service Revenue	\$248,846,287	Employee Benefits and Taxes	\$28,728,395
Total Gross Patient Service Revenue	\$519,930,465	Depreciation and Amortization	\$17,431,946
2. Deductions from Revenue		Interest Expenses	\$1,220,459
Contractual Allowances	\$268,108,427	Bad Debt	\$14,321,577
Other Deductions	\$8,748,659	Other Expenses	\$101,378,676
Total Deductions	\$276,857,085	Total Operating Expenses	\$243,955,952
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$243,073,380	Net Operating Revenue over Expenses	\$3,314,363
Other Operating Revenue	\$4,186,835	Net Non-operating Gains over Losses	\$1,657,377
		Total Net Gain over Loss	\$4,971,740

Total Operating Revenue	\$247,270,215
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$280,693,484
Total Liabilities	\$280,693,484

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$255,492,296	\$161,540,813	\$93,951,483
Medicaid	\$57,607,812	\$49,095,342	\$8,512,470
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$206,830,357	\$57,472,272	\$251,358,585
Total	\$519,930,465	\$268,108,427	\$231,822,038

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$139,535	(\$139,535)

Educational	(\$64,994)	\$3,710,953	(\$4,406,747)
Research	\$60,110	\$179,748	(\$119,638)
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	2,606
Number of Hospital Patients Educated In This Hospital	7,402
Number of Citizens Exposed to Health Education Message	41,929

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Delaware	Community Served	Delaware County
------------------------	----------	-------------------------	-----------------

Hospital Mission Statement

“Cardinal Health System will promote wellness and improve the health status of the people of East Central Indiana and surrounding areas through patient care, health education, and medical research.”

Unique Services		Type of Initiatives		Document Available	
Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1999

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	8,498	6,984	6,685
Charity Care Allocation	(\$5,098,730)	(\$7,236,912)	(\$7,795,363)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Community Health Fairs	(\$50,153)
Parenting Education	(\$35,729)

Cancer Education	(\$34,604)
Community Support Groups	(\$6,538)
All Other Charities	(\$4,538,896)
Subtotal	(\$4,665,920)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$15,915,8741)
2. Community Health Education	(\$359,490)
3. Community Programs and Services	(\$162,071)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$16,437,432)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Matt Cox

Telephone number: 765/747-3058

Web Address Information: www.accesschs.org/ball_memorial_hospital

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	2,068	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	33.2%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	231.3	251.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,135	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$15,955	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	47.9%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,464	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	49.1%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.9%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$4,619,428)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.3	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Margaret Mercy Healthcare Centers South

Year: 2004 City: Dyer Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$107,558,613	Salaries and Wages	\$40,139,781
Outpatient Patient Service Revenue	\$83,309,229	Employee Benefits and Taxes	\$11,863,477
Total Gross Patient Service Revenue	\$190,867,842	Depreciation and Amortization	\$7,541,690
2. Deductions from Revenue		Interest Expenses	\$1,695,552
Contractual Allowances	\$92,576,335	Bad Debt	\$3,606,447
Other Deductions	\$6,697,685	Other Expenses	\$29,869,912
Total Deductions	\$99,274,020	Total Operating Expenses	\$94,716,859
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$91,593,822	Net Operating Revenue over Expenses	(\$230,659)
Other Operating Revenue	\$2,886,379	Net Non-operating Gains over Losses	(\$252,553)
		Total Net Gain over Loss	(\$489,212)

Total Operating Revenue	\$94,480,201
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$61,415,476
Total Liabilities	\$15,678,717

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$80,012,201	\$48,007,321	\$32,004,880
Medicaid	\$17,514,988	\$13,136,241	\$4,378,747
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$93,340,653	\$38,130,458	\$55,210,195
Total	\$190,867,842	\$99,274,020	\$91,593,822

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$43,416	\$18,485	\$24,931

Educational	\$71,901	\$301,693	(\$279,654)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	800
Number of Hospital Patients Educated In This Hospital	222,241
Number of Citizens Exposed to Health Education Message	480,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	Community Served	Lake County
------------------------	------	-------------------------	-------------

Hospital Mission Statement

“Continuing Christ’s Ministry in our Franciscan Tradition”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$5,499,980)	(\$2,209,356)	(\$3,322,052)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$2,343,961)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$7,080,333)
2. Community Health Education	(\$254,723)
3. Community Programs and Services	(\$2,434,961)
4. Other Unreimbursed Costs	(\$519,370)
5. Total Costs of Providing Community Benefits	(\$10,198,387)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative:

Paul Plomin

Telephone number:

219/865-2141

Web Address Information:

www.smmhc.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	857	656
2. % of Salary	Salary Expenses divided by Total Expenses	42.4%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	70.0	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.3	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,995	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$22,320	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	43.6%	53.7%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,208	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.9%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.8%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,322,052)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-0.2	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Parkview Huntington Hospital

Year: 2004 City: Huntington Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$19,506,302	Salaries and Wages	\$11,577,171
Outpatient Patient Service Revenue	\$39,298,686	Employee Benefits and Taxes	\$3,121,175
Total Gross Patient Service Revenue	\$58,894,988	Depreciation and Amortization	\$835,468
2. Deductions from Revenue		Interest Expenses	\$2,095
Contractual Allowances	\$21,139,198	Bad Debt	\$3,596,283
Other Deductions	\$1,384,181	Other Expenses	\$13,084,449
Total Deductions	\$22,253,379	Total Operating Expenses	\$32,216,641
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$36,371,609	Net Operating Revenue over Expenses	\$5,462,551
Other Operating Revenue	\$1,307,583	Net Non-operating Gains over Losses	\$103,391
		Total Net Gain over Loss	\$5,564,943

Total Operating Revenue	\$37,679,192
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$17,935,821
Total Liabilities	\$17,935,821

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,339,223	\$13,077,893	\$7,261,330
Medicaid	\$8,461,439	\$4,585,888	\$3,875,551
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$30,094,326	\$3,475,417	\$26,618,909
Total	\$58,894,988	\$21,139,398	\$37,755,790

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$40,941	(\$40,941)

Educational	\$41,428	\$459,368	(\$417,940)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	43,617
Number of Citizens Exposed to Health Education Message	65,569

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Huntington	Community Served	Huntington Countyt
------------------------	------------	-------------------------	--------------------

Hospital Mission Statement

“Parkview Health System will provide quality health services to all who entrust their care to us and we will work to improve he health of our communities”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	368	708	814
Charity Care Allocation	(\$179,922)	(\$274,804)	(\$421,343)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Kids Kampus Nurse	(\$50,979)
Athletic Training at High School	(\$59,714)
Hunington County Rescue Unit	(\$50,000)

Automated External Defib and Training	(\$32,268)
All Other Programs	(\$224,979)
Subtotal	(\$417,940)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$2,215,056)
2. Community Health Education	(\$417,940)
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$2,632,996)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Greg Schnepf

Telephone number: 260/355-3303

Web Address Information: www.Parkview.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	261	656
2. % of Salary	Salary Expenses divided by Total Expenses	35.9%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	16.0	58.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,538	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,119	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	66.7%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$876	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	34.5%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	11.2%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$421,343)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	14.5	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Rush Memorial Hospital

Year: 2004 City: Rushville Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$4,823,942	Salaries and Wages	\$6,332,272
Outpatient Patient Service Revenue	\$19,004,776	Employee Benefits and Taxes	\$1,780,565
Total Gross Patient Service Revenue	\$23,831,718	Depreciation and Amortization	\$769,377
2. Deductions from Revenue		Interest Expenses	\$37,560
Contractual Allowances	\$9,764,998	Bad Debt	\$1,395,931
Other Deductions	\$126,323	Other Expenses	\$5,076,784
Total Deductions	\$9,891,321	Total Operating Expenses	\$15,392,489
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$13,940,397	Net Operating Revenue over Expenses	(\$306,712)
Other Operating Revenue	\$1,145,379	Net Non-operating Gains over Losses	\$5,080
Total Operating Revenue	\$15,085,776	Total Net Gain over Loss	(\$301,632)

6. Assets and Liabilities	
Total Assets	\$11,471,653
Total Liabilities	\$3,619,483

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$10,682,618	\$5,107,393	\$5,575,225
Medicaid	\$2,250,072	\$2,198,388	\$51,684
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$10,831,028	\$2,459,217	\$8,439,811
Total	\$23,831,718	\$9,764,998	\$14,066,720

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$94,483	\$0	\$94,483
Educational	\$0	\$50,000	(\$50,000)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$487,325	(\$487,325)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Karen Mayer

Telephone Number 765/932-4111

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	154	225
2. % of Salary	Salary Expenses divided by Total Expenses	41.1%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	9.9	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,544	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$4,571	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	79.7%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$710	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.8%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.1%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$126,323)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-2.0	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Mercy Hospital

Year: 2004 City: Elwood Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$9,877,616	Salaries and Wages	\$10,295,859
Outpatient Patient Service Revenue	\$27,515,680	Employee Benefits and Taxes	\$2,574,060
Total Gross Patient Service Revenue	\$37,393,296	Depreciation and Amortization	\$978,751
2. Deductions from Revenue		Interest Expenses	\$458,868
Contractual Allowances	\$13,890,901	Bad Debt	\$3,540,605
Other Deductions	\$488,249	Other Expenses	\$8,154,174
Total Deductions	\$14,379,330	Total Operating Expenses	\$26,002,317
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$23,013,966	Net Operating Revenue over Expenses	(\$2,712,519)
Other Operating Revenue	\$275,832	Net Non-operating Gains over Losses	(\$367)
		Total Net Gain over Loss	(\$2,712,886)

Total Operating Revenue	\$23,289,798
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$20,047,250
Total Liabilities	\$19,241,650

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$15,996,947	\$5,956,139	\$10,040,708
Medicaid	\$4,074,821	\$3,696,050	\$378,771
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$17,321,628	\$4,727,141	\$12,594,487
Total	\$37,393,296	\$14,379,330	\$23,013,966

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$59,932	\$17,828	\$42,104

Educational	\$0	\$20,000	(\$20,000)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	1,086
Number of Citizens Exposed to Health Education Message	50,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Madison	Community Served	Madison County
------------------------	---------	-------------------------	----------------

Hospital Mission Statement

“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2000

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	49,500	49,000	58,000
Charity Care Allocation	(\$1,486,201)	(\$1,961,645)	(\$812,326)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Community Toy Drive	(\$3,000)
Medication Assistance Program	(\$26,500)
Community Access Program	(\$24,900)

Transportation Program	(\$25,900)
Subtotal	(\$80,300)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$2,881,253)
2. Community Health Education	(\$20,000)
3. Community Programs and Services	(\$80,317)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$2,981,570)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
-------------------------------------	-------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: S Reynolds

Telephone number: 765/552-4600

Web Address Information: www.stvincent.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	214	656
2. % of Salary	Salary Expenses divided by Total Expenses	39.6%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	12.9	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.5	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,142	\$4,999

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,279	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	73.6%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$693	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.8%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	13.6%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$812,326)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-11.6	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Pulaski Memorial Hospital

Year: 2004 City: Winamac Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$7,152,040	Salaries and Wages	\$7,152,040
Outpatient Patient Service Revenue	\$17,753,330	Employee Benefits and Taxes	\$2,495,975
Total Gross Patient Service Revenue	\$24,905,370	Depreciation and Amortization	\$914,036
2. Deductions from Revenue		Interest Expenses	\$58,360
Contractual Allowances	\$8,055,931	Bad Debt	\$832,090
Other Deductions	\$110,263	Other Expenses	\$6,000,426
Total Deductions	\$8,166,194	Total Operating Expenses	\$17,823,802
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$16,739,176	Net Operating Revenue over Expenses	(\$2,834)
Other Operating Revenue	\$1,081,968	Net Non-operating Gains over Losses	\$51,057
Total Operating Revenue	\$17,820,968	Total Net Gain over Loss	\$48,223

6. Assets and Liabilities	
Total Assets	\$13,399,582
Total Liabilities	\$3,413,853

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$12,018,269	\$5,184,652	\$6,833,617
Medicaid	\$2,228,072	\$1,483,784	\$744,288
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$10,659,029	\$1,387,495	\$9,271,534
Total	\$24,905,370	\$8,055,931	\$16,849,439

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$4,100	\$0	\$4,100
Educational	\$0	\$124,210	(\$124,210)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$8,025,712	\$10,274,448	(\$2,248,736)
Community Benefits	\$17,208	\$22,119	(\$4,911)

For further information on this report, please contact:

Hospital Representative Rana Berkshire

Telephone Number 574//945-2166

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	198	225
2. % of Salary	Salary Expenses divided by Total Expenses	42.2%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	8.1	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,968	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,146	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	71.3%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$830	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.3%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.7%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$78,912)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.0	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Parkview LaGrange Hospital

Year: 2004 City: LaGrange Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$10,321,424	Salaries and Wages	\$6,677,761
Outpatient Patient Service Revenue	\$15,045,942	Employee Benefits and Taxes	\$1,232,871
Total Gross Patient Service Revenue	\$25,367,366	Depreciation and Amortization	\$623,086
2. Deductions from Revenue		Interest Expenses	\$3,078
Contractual Allowances	\$9,616,156	Bad Debt	\$810,952
Other Deductions	\$0	Other Expenses	\$6,623,577
Total Deductions	\$9,616,156	Total Operating Expenses	\$15,971,325
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$15,751,210	Net Operating Revenue over Expenses	\$132,965
Other Operating Revenue	\$353,080	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$16,104,290	Total Net Gain over Loss	\$132,965

6. Assets and Liabilities	
Total Assets	\$9,303,630
Total Liabilities	\$9,303,630

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$10,297,835	\$5,389,012	\$4,908,823
Medicaid	\$1,836,312	\$1,365,538	\$470,774
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$13,233,219	\$2,861,606	\$10,371,613
Total	\$25,637,366	\$9,616,156	\$15,751,210

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$1,193,101	(\$1,193,101)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Vickie Stanski

Telephone Number 260/463-2143

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	180	225
2. % of Salary	Salary Expenses divided by Total Expenses	41.8%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	14.6	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.9	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,665	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,461	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	59.3%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$693	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.6%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.1%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,193,101)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	.08	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Major Hospital

Year: 2004 City: Shelbyville Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$29,242,504	Salaries and Wages	\$19,300,357
Outpatient Patient Service Revenue	\$55,419,256	Employee Benefits and Taxes	\$5,176,855
Total Gross Patient Service Revenue	\$84,661,760	Depreciation and Amortization	\$3,022,719
2. Deductions from Revenue		Interest Expenses	\$516,288
Contractual Allowances	\$30,811,475	Bad Debt	\$3,078,762
Other Deductions	\$1,293,379	Other Expenses	\$17,281,811
Total Deductions	\$32,104,855	Total Operating Expenses	\$48,376,792
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$52,556,906	Net Operating Revenue over Expenses	\$5,031,102
Other Operating Revenue	\$850,989	Net Non-operating Gains over Losses	\$1,005,259
Total Operating Revenue	\$53,407,894	Total Net Gain over Loss	\$6,036,361

6. Assets and Liabilities	
Total Assets	\$92,749,455
Total Liabilities	\$92,749,455

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$35,780,933	\$20,246,934	\$15,534,382
Medicaid	\$9,963,934	\$5,522,667	\$4,441,267
Other State	\$0	\$0	\$0
Local Government	\$648,081	\$423,088	\$224,993
Commercial Insurance	\$38,661,825	\$5,912,549	\$32,356,328
Total	\$84,661,825	\$32,104,855	\$52,356,970

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$92,596	\$27,972	\$64,624
Educational	\$5,856	\$502,560	(\$496,704)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	3,500
Number of Citizens Exposed to Hospital's Health Education Messages	15,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$13,482,394	\$23,661,123	(\$10,178,729)
Community Benefits	\$0	\$8,362	(\$8,362)

For further information on this report, please contact:

Hospital Representative Jack McCauley

Telephone Number 317/398-3211

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	435	656
2. % of Salary	Salary Expenses divided by Total Expenses	39.9%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	28.7	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,450	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,933	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	65.5%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,231	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.3%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.4%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$270,378)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.4	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Washington County Memorial Hospital

Year: 2004 City: Salem Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$6,146,000	Salaries and Wages	\$7,601,518
Outpatient Patient Service Revenue	\$27,284,000	Employee Benefits and Taxes	\$1,289,193
Total Gross Patient Service Revenue	\$33,430,000	Depreciation and Amortization	\$725,082
2. Deductions from Revenue		Interest Expenses	\$110,886
Contractual Allowances	\$15,187,126	Bad Debt	\$1,480,000
Other Deductions	\$111,874	Other Expenses	\$7,584,030
Total Deductions	\$15,299,000	Total Operating Expenses	\$18,790,709
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$18,131,000	Net Operating Revenue over Expenses	(\$659,709)
Other Operating Revenue	\$0	Net Non-operating Gains over Losses	\$2,090,000
Total Operating Revenue	\$18,131,000	Total Net Gain over Loss	\$1,430,291

6. Assets and Liabilities	
Total Assets	\$21,450,000
Total Liabilities	\$21,450,000

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$11,067,010	\$6,402,335	\$4,664,675
Medicaid	\$5,264,525	\$4,387,104	\$877,421
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$17,098,465	\$4,509,561	\$12,588,904
Total	\$33,430,000	\$15,299,000	\$18,131,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$270,000	\$0	\$270,000
Educational	\$15,170	\$24,323	(\$9,153)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	3,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$6,518,606	\$16,370,956	(\$9,852,350)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Lisa D. Pickerill

Telephone Number 812/883-5881

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	172	225
2. % of Salary	Salary Expenses divided by Total Expenses	40.5%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	13.0	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$711	\$ 3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$4,688	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	81.6%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$843	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	33.1%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.9%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$39,421)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-3.6	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Mary's Medical Center of Evansville

Year: 2004 City: Evansville Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$301,216,669	Salaries and Wages	\$101,580,289
Outpatient Patient Service Revenue	\$183,184,550	Employee Benefits and Taxes	\$32,254,276
Total Gross Patient Service Revenue	\$484,401,219	Depreciation and Amortization	\$15,896,617
2. Deductions from Revenue		Interest Expenses	\$5,068,703
Contractual Allowances	\$203,912,517	Bad Debt	\$17,299,762
Other Deductions	\$12,788,862	Other Expenses	\$93,281,602
Total Deductions	\$216,701,379	Total Operating Expenses	\$265,377,249
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$267,699,840	Net Operating Revenue over Expenses	\$12,576,624
Other Operating Revenue	\$10,254,033	Net Non-operating Gains over Losses	\$12,584,729
		Total Net Gain over Loss	\$25,161,353

Total Operating Revenue	\$277,953,873
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$380,020,637
Total Liabilities	\$185,947,247

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$198,480,421	\$122,806,667	\$75,670,754
Medicaid	\$33,086,103	\$28,446,094	\$4,640,009
Other State	\$7,391,766	\$6,355,142	\$1,036,624
Local Government	\$0	\$0	\$0
Commercial Insurance	\$245,442,929	\$44,694,577	\$200,748,352
Total	\$484,401,219	\$202,305,480	\$282,095,739

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$791,498	\$0	\$791,448

Educational	\$1,786,305	\$2,437,232	(\$650,927)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	20
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Vanderburgh	Community Served	Vanderburgh and surrounding counties
------------------------	-------------	-------------------------	--------------------------------------

Hospital Mission Statement

“To make a positive difference in the lives of those we serve by exceeding expectations, and by encouraging and supporting healthier communities and lifestyles within our service area”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	6,284	9,423	11,954
Charity Care Allocation	(\$4,640,890)	(\$5,032,115)	(\$6,037,912)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Mobile Outreach Clinic	(\$195,937)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$3,006,322)
2. Community Health Education	\$0
3. Community Programs and Services	(\$1,591,073)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$4,597,395)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
Seton	(\$822,742)

For further information on these initiatives, contact:

Hospital Representative:

Melissa Long

Telephone number:

812/485-8753

Web Address Information:

www.stmarys.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	2,033	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	38.3%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	251.6	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.9	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,890	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,876	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	37.8%	41.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,028	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.0%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.5%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$6,037,912)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.5	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Parkview Whitley Hospital

Year: 2004 City: Columbia City Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$20,199,906	Salaries and Wages	\$13,572,999
Outpatient Patient Service Revenue	\$31,233,487	Employee Benefits and Taxes	\$3,630,857
Total Gross Patient Service Revenue	\$51,433,393	Depreciation and Amortization	\$1,682,103
2. Deductions from Revenue		Interest Expenses	\$2,095
Contractual Allowances	\$17,995,090	Bad Debt	\$2,356,436
Other Deductions	\$880,780	Other Expenses	\$10,377,603
Total Deductions	\$18,875,870	Total Operating Expenses	\$31,622,093
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$32,557,523	Net Operating Revenue over Expenses	\$3,283,294
Other Operating Revenue	\$2,347,864	Net Non-operating Gains over Losses	\$674,747
		Total Net Gain over Loss	\$3,958,041

Total Operating Revenue	\$34,905,387
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$37,173,999
Total Liabilities	\$2,932,457

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$19,552,624	\$11,361,496	\$8,191,128
Medicaid	\$6,205,254	\$3,779,086	\$2,426,168
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$25,675,516	\$2,854,508	\$22,821,008
Total	\$51,433,394	\$17,995,090	\$33,438,304

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$281,966	(\$281,966)

Educational	\$780	\$146,429	(\$145,649)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	20
Number of Hospital Patients Educated In This Hospital	20,324
Number of Citizens Exposed to Health Education Message	18,896

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Whitley	Community Served	Whitley County
------------------------	---------	-------------------------	----------------

Hospital Mission Statement

“Parkview Health System will provide quality health services to all who entrust their care to us and we will work to improve the health of our communities”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	2003

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	292	535	651
Charity Care Allocation	(\$125,331)	(\$199,360)	(\$276,373)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
YMCA Fitness Center Collaboration	(\$159,594)
Beds and Britches Program	(\$20,000)
Automated External Defibrillator	(\$14,575)

Student Assistant Program	(\$10,000)
All other activities	(\$231,820)
Subtotal	\$435,989)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$4,166,130)
2. Community Health Education	(\$139,796)
3. Community Programs and Services	(\$6,874)
4. Other Unreimbursed Costs	(\$1,500)
5. Total Costs of Providing Community Benefits	(\$4,314,300)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Jill McAllister

Telephone number: 260/248-9000

Web Address Information: www.Parkview.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	235	656
2. % of Salary	Salary Expenses divided by Total Expenses	42.9%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	14.1	58.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,626	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,882	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	60.7%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$665	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.0%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.5%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$276,373)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.4	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Starke Memorial Hospital

Year: 2003 City: Knox Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$20,840,382	Salaries and Wages	\$7,721,757
Outpatient Patient Service Revenue	\$30,152,455	Employee Benefits and Taxes	\$1,387,384
Total Gross Patient Service Revenue	\$50,992,837	Depreciation and Amortization	\$861,918
2. Deductions from Revenue		Interest Expenses	\$48,995
Contractual Allowances	\$26,485,098	Bad Debt	\$1,433,097
Other Deductions	\$1,051,169	Other Expenses	\$7,572,629
Total Deductions	\$27,536,267	Total Operating Expenses	\$19,025,780
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$23,456,570	Net Operating Revenue over Expenses	\$4,589,054
Other Operating Revenue	\$158,264	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$23,614,834	Total Net Gain over Loss	\$4,589,054

6. Assets and Liabilities	
Total Assets	\$12,593,470
Total Liabilities	\$12,593,470

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$23,055,997	\$15,445,899	\$7,610,098
Medicaid	\$8,415,352	\$5,972,825	\$2,442,532
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$19,521,482	\$5,066,374	\$14,455,108
Total	\$50,992,837	\$26,485,098	\$24,507,739

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$30,999	(\$30,999)
Educational	\$0	\$95,818	(\$95,818)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	4,500
Number of Citizens Exposed to Hospital's Health Education Messages	35,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$10,324,416	\$12,660,162	(\$2,335,746)
Community Benefits	\$0	\$100,442	(\$100,442)

For further information on this report, please contact:

Hospital Representative Becky Deardorff

Telephone Number 574/772-1101

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	202	225
2. % of Salary	Salary Expenses divided by Total Expenses	40.6%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	16.9	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$868	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,159	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	59.1%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,100	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.2%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.5%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$852,610)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	19.4	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Williamsport Hospital

Year: 2004 City: Williamsport Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$5,348,958	Salaries and Wages	\$6,345,259
Outpatient Patient Service Revenue	\$15,553,859	Employee Benefits and Taxes	\$1,577,725
Total Gross Patient Service Revenue	\$20,902,817	Depreciation and Amortization	\$430,281
2. Deductions from Revenue		Interest Expenses	\$162,290
Contractual Allowances	\$6,552,601	Bad Debt	\$1,746,372
Other Deductions	\$261,093	Other Expenses	\$3,453,804
Total Deductions	\$6,813,694	Total Operating Expenses	\$13,715,731
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$14,089,123	Net Operating Revenue over Expenses	\$687,811
Other Operating Revenue	\$314,419	Net Non-operating Gains over Losses	(\$168,648)
		Total Net Gain over Loss	\$519,163

Total Operating Revenue	\$14,403,542
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$10,630,616
Total Liabilities	\$10,630,616

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$9,144,512	\$3,777,533	\$5,366,979
Medicaid	\$2,012,044	\$1,653,115	\$358,929
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$9,746,261	\$1,383,046	\$8,363,215
Total	\$20,902,817	\$6,813,694	\$14,089,123

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Warren	Community Served	Benton, Fountain, and Warren counties
------------------------	--------	-------------------------	---------------------------------------

Hospital Mission Statement

“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	14,268	68,691	157,005
Charity Care Allocation	(\$637,476)	(\$714,585)	(\$1,023,976)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$33,528)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$161,085)
2. Community Health Education	\$0
3. Community Programs and Services	(\$33,558)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$194,643)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Kelly Peisker

Telephone number: 317/338-7371

Web Address Information: www.stvincent.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	142	225
2. % of Salary	Salary Expenses divided by Total Expenses	46.3%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	8.7	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.1	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$8,166	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,956	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	74.4%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$369	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.7%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	12.7%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$161,085)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.8	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital (Voluntary Submission)

Hospital: Witham Health Service

Year: 2004 City: Lebanon Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$24,599,362	Salaries and Wages	\$17,025,560
Outpatient Patient Service Revenue	\$62,290,098	Employee Benefits and Taxes	\$4,518,990
Total Gross Patient Service Revenue	\$86,889,460	Depreciation and Amortization	\$2,681,900
2. Deductions from Revenue		Interest Expenses	\$2,138,613
Contractual Allowances	\$38,924,902	Bad Debt	\$3,497,135
Other Deductions	\$849,051	Other Expenses	\$16,351,858
Total Deductions	\$30,773,953	Total Operating Expenses	\$46,214,056
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$47,115,507	Net Operating Revenue over Expenses	\$3,680,304
Other Operating Revenue	\$2,778,853	Net Non-operating Gains over Losses	\$137,717
		Total Net Gain over Loss	\$3,818,021

Total Operating Revenue	\$49,894,360
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$70,580,018
Total Liabilities	\$70,580,018

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$36,177,273	\$23,261,905	\$12,915,368
Medicaid	\$7,850,589	\$5,108,054	\$2,742,535
Other State	\$0	\$0	\$0
Local Government	\$2,411,111	\$1,116,491	\$1,294,620
Commercial Insurance	\$40,450,487	\$9,328,452	\$31,012,035
Total	\$86,889,460	\$38,924,902	\$47,964,558

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$32,269	\$330,817	(\$295,548)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	117
Number of Hospital Patients Educated In This Hospital	173
Number of Citizens Exposed to Health Education Message	21,298

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Boone	Community Served	Boone County
------------------------	-------	-------------------------	--------------

Hospital Mission Statement

“Delivering care, saving lives and healing”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	YES	Community Plan	NO
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	NR

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	703	572	615
Charity Care Allocation	(\$474,445)	(\$489,685)	(\$555,648)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of ,Programs
IOPO Treasure Hunt	(\$1,500)
Walk America (March of Dimes)	(\$1,000)
Senior Wellness Day	(\$500)

Day of Discovery (Cholesterol Blood Testing)	(\$1,156)
Relay for Life (Cancer Research)	(\$1,000)
Subtotal	(\$5,156)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$27,279,958)
2. Community Health Education	(\$2,570)
3. Community Programs and Services	(\$5,156)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$27,287,684)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
Boone County Community Building	(\$39,643)

For further information on these initiatives, contact:

Hospital Representative: Trina Balwin

Telephone number: 765/485-8040

Web Address Information: www.witham.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	359	225
2. % of Salary	Salary Expenses divided by Total Expenses	36.8%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	19.1	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.2

5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,313	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,096	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	71.7%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,281	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.6%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.6%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$533,092)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.4	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Adams County Memorial Hospital

Year: 2004 City: Decatur Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$27,569,602	Salaries and Wages	\$12,490,846
Outpatient Patient Service Revenue	\$36,260,455	Employee Benefits and Taxes	\$5,014,864
Total Gross Patient Service Revenue	\$63,830,057	Depreciation and Amortization	\$1,139,358
2. Deductions from Revenue		Interest Expenses	\$27,041
Contractual Allowances	\$28,323,915	Bad Debt	\$3,915,863
Other Deductions	\$0	Other Expenses	\$9,775,238
Total Deductions	\$28,323,915	Total Operating Expenses	\$32,363,210
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$35,506,142	Net Operating Revenue over Expenses	\$3,720,384
Other Operating Revenue	\$577,452	Net Non-operating Gains over Losses	(\$88,945)
Total Operating Revenue	\$36,083,594	Total Net Gain over Loss	\$3,631,439

6. Assets and Liabilities	
Total Assets	\$34,884,910
Total Liabilities	\$6,740,805

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$33,238,631	\$20,847,733	\$12,390,898
Medicaid	\$3,361,590	\$1,351,336	\$2,010,254
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$27,229,836	\$6,124,846	\$21,104,990
Total	\$63,830,057	\$28,323,915	\$35,506,142

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$54,673	\$5,000	\$49,673
Educational	\$20,000	\$220,000	(\$200,000)

Research	\$0	\$10,000	(\$10,000)
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	1,000
Number of Hospital Patients Educated In This Hospital	1,000
Number of Citizens Exposed to Hospital's Health Education Messages	350,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$3,845,391	(\$3,845,391)
Community Benefits	\$10,000	\$170,000	(\$160,000)

For further information on this report, please contact:

Hospital Representative William G. Seck

Telephone Number 260/724-2145

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	332	225
2. % of Salary	Salary Expenses divided by Total Expenses	38.6%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	25.3	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,363	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,971	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.8%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$450	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	52.1%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	12.1%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$300,000)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.3	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Lafayette Home Hospital

Year: 2004 City: Lafayette Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$136,564,233	Salaries and Wages	\$47,403,979
Outpatient Patient Service Revenue	\$105,658,951	Employee Benefits and Taxes	\$4,697,299
Total Gross Patient Service Revenue	\$242,223,184	Depreciation and Amortization	\$6,530,400
2. Deductions from Revenue		Interest Expenses	\$3,954,353
Contractual Allowances	\$110,058,331	Bad Debt	\$3,589,561
Other Deductions	\$11,436,869	Other Expenses	\$50,355,351
Total Deductions	\$121,495,200	Total Operating Expenses	\$116,530,983
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$120,727,984	Net Operating Revenue over Expenses	\$6,635,101
Other Operating Revenue	\$2,438,100	Net Non-operating Gains over Losses	\$1,368,030
		Total Net Gain over Loss	\$8,003,131

Total Operating Revenue	\$123,166,084
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$83,402,317
Total Liabilities	\$12,764,074

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$79,156,267	\$48,026,361	\$31,128,906
Medicaid	\$30,624,735	\$21,529,249	\$9,095,486
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$132,442,182	\$51,939,590	\$80,502,592
Total	\$242,223,184	\$121,495,200	\$120,727,984

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$7,824	(\$7,824)

Educational	\$29,720	\$1,050,027	(\$1,020,307)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	19,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Tippecanoe	Community Served	Tippecanoe and seven continuous counties of Benton, Carroll, Clinton, Fountain, Montgomery, Warren and White Counties
------------------------	------------	-------------------------	---

Hospital Mission Statement

“Continuing Christ’s Ministry in Our Franciscan Tradition”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	915	2,171	2,550
Charity Care Allocation	(\$541,007)	(\$1,436,723)	(\$3,367,317)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Community Education	(\$1,020,307)
Donations	(\$7,824)
Unreimbursed cost under government program	(\$7,158,348)

Other Unreimbursed Costs	(\$842,624)
Subtotal	(\$9,329,353)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total Unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$10,525,665)
2. Community Health Education	(\$1,020,307)
3. Community Programs and Services	(\$300,250)
4. Other Unreimbursed Costs	(\$842,624)
5. Total Costs of Providing Community Benefits	(\$12,688,846)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Teresa Janssen

Telephone number: 765/449-5129

Web Address Information: www.gihsi.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,080	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	40.7%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	120.0	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.0	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,991	\$3,873

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,453	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	43.6%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,124	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	32.7%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.1%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,367,317)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.4	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital of Bremen

Year: 2004 City: Bremen Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$2,624,395	Salaries and Wages	\$3,644,596
Outpatient Patient Service Revenue	\$8,958,542	Employee Benefits and Taxes	\$645,695
Total Gross Patient Service Revenue	\$11,582,937	Depreciation and Amortization	\$257,492
2. Deductions from Revenue		Interest Expenses	\$26,448
Contractual Allowances	\$2,985,254	Bad Debt	\$181,298
Other Deductions	\$98,467	Other Expenses	\$2,936,433
Total Deductions	\$3,083,721	Total Operating Expenses	\$7,691,962
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$8,499,216	Net Operating Revenue over Expenses	\$938,614
Other Operating Revenue	\$131,260	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$938,614

Total Operating Revenue	\$8,630,576
-------------------------	-------------

6. Assets and Liabilities	
Total Assets	\$5,589,492
Total Liabilities	\$5,589,492

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$4,958,196	\$1,416,998	\$3,541,198
Medicaid	\$672,016	\$451,032	\$220,984
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$5,952,725	\$1,215,691	\$4,737,034
Total	\$11,582,937	\$3,083,721	\$8,499,216

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$13,424	\$531,184	(\$527,760)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	113
Number of Hospital Patients Educated In This Hospital	39,495
Number of Citizens Exposed to Health Education Message	7,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marshall	Community Served	Rural populations of Marshall County and Southeast Elkhart County
------------------------	----------	-------------------------	---

Hospital Mission Statement

“To provide progressive family-oriented health care in an atmosphere of Christian love and concern to all regardless of age, sex, race, religion, or financial abilities”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	92	208	41
Charity Care Allocation	(\$103,533)	(\$87,746)	(\$98,467)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Free Clinic Program	(\$33,000)
Medical Direction	(\$7,000)
Free Prenatal and Childbirth Classes	(\$2,500)

Gratis Safe Sitter Program	(\$3,000)
MD Support in Unserved Community	(\$128,300)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$235,977)
2. Community Health Education	(\$126,876)
3. Community Programs and Services	(\$112,066)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$474,919)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Scott R. Graybill

Telephone number: 574/546-2211

Web Address Information: www.bremenhospital.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	79	225
2. % of Salary	Salary Expenses divided by Total Expenses	47.4%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	2.7	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.6	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,048	\$3,664

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,112	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	77.3%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$383	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.8%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.4%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$62,732)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.9	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Woodlawn Hospital

Year: 2004 City: Rochester Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$9,492,619	Salaries and Wages	\$10,742,948
Outpatient Patient Service Revenue	\$25,583,657	Employee Benefits and Taxes	\$2,607,260
Total Gross Patient Service Revenue	\$35,076,276	Depreciation and Amortization	\$1,267,371
2. Deductions from Revenue		Interest Expenses	\$139,908
Contractual Allowances	\$10,799,342	Bad Debt	\$1,806,948
Other Deductions	\$131,526	Other Expenses	\$9,025,805
Total Deductions	\$10,930,868	Total Operating Expenses	\$25,590,240
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$24,145,408	Net Operating Revenue over Expenses	(\$330,161)
Other Operating Revenue	\$1,114,671	Net Non-operating Gains over Losses	\$103,612
Total Operating Revenue	\$25,260,079	Total Net Gain over Loss	(\$226,549)

6. Assets and Liabilities	
Total Assets	\$16,328,699
Total Liabilities	\$16,328,699

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$13,384,862	\$5,886,162	\$7,498,700
Medicaid	\$4,728,807	\$2,754,750	\$1,974,057
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$16,962,607	\$2,289,9546	\$14,672,651
Total	\$35,076,276	\$10,930,868	\$24,145,408

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$8,605,716	\$18,205,530	(\$9,599,814)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Laurie Baldwin

Telephone Number 574/223-3141

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	249	225
2. % of Salary	Salary Expenses divided by Total Expenses	42.0%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	11.9	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$8,506	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,016	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	72.9%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,282	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.3%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.1%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$91,861)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.3	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Columbus Regional Hospital

Year: 2004 City: Columbus Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$139,582,903	Salaries and Wages	\$56,567,886
Outpatient Patient Service Revenue	\$136,595,487	Employee Benefits and Taxes	\$19,035,486
Total Gross Patient Service Revenue	\$276,178,390	Depreciation and Amortization	\$15,039,280
2. Deductions from Revenue		Interest Expense	\$2,890,725
Contractual Allowances	\$103,729,940	Bad Debt	\$6,472,789
Other Deductions	\$4,668,218	Other Expenses	\$55,315,118
Total Deductions	\$108,398,158	Total Operating Expenses	\$158,321,284
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$167,780,231	Net Operating Revenue over Expenses	\$12,750,577
Other Operating Revenue	\$3,291,630	Net Non-operating Gains over Losses	\$4,305,293
Total Operating Revenue	\$171,071,861	Total Net Gain over Loss	\$17,055,870

6. Assets and Liabilities	
Total Assets	\$225,855,866
Total Liabilities	\$102,387,847

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$124,904,435	\$70,857,304	\$54,047,131
Medicaid	\$26,201,650	\$16,212,768	\$9,988,882
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$125,072,305	\$21,328,086	\$104,544,218
Total	\$276,178,390	\$108,398,158	\$168,580,231

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$42,778	\$304,044	(\$261,266)
Educational	\$120,793	\$1,024,009	(\$903,216)

Research	\$0	\$2,500	(\$2,500)
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	241
Number of Hospital Patients Educated In This Hospital	1,701
Number of Citizens Exposed to Hospital's Health Education Messages	100,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$66,960,012	\$85,605,189	(\$18,645,177)
Community Benefits	\$0	\$743,555	(\$743,555)

For further information on this report, please contact:

Hospital Representative Catherine Simmons

Telephone Number 812/379-4441

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,189	656
2. % of Salary	Salary Expenses divided by Total Expenses	37.6%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	119.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.4	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,112	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,954	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	49.5%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$925	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.2%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.1%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,708,391)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.5	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital of Anderson and Madison County

Year: 2004 City: Anderson Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$62,762,335	Salaries and Wages	\$39,738,727
Outpatient Patient Service Revenue	\$120,609,021	Employee Benefits and Taxes	\$6,823,284
Total Gross Patient Service Revenue	\$183,371,356	Depreciation and Amortization	\$5,757,029
2. Deductions from Revenue		Interest Expenses	\$1,865,268
Contractual Allowances	\$61,252,090	Bad Debt	\$3,055,268
Other Deductions	\$31,158,135	Other Expenses	\$34,500,114
Total Deductions	\$92,410,225	Total Operating Expenses	\$91,739,808
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$90,961,131	Net Operating Revenue over Expenses	\$3,261,542
Other Operating Revenue	\$4,040,219	Net Non-operating Gains over Losses	\$133,983

Total Operating Revenue	\$95,001,350	Total Net Gain over Loss	\$3,395,525
6. Assets and Liabilities			
Total Assets			\$92,580,240
Total Liabilities			\$36,383,207

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$73,363,554	\$45,992,854	\$27,430,700
Medicaid	\$20,015,208	\$15,329,236	\$4,685,972
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$90,002,594	\$31,158,132	\$58,844,462
Total	\$183,371,356	\$92,410,222	\$90,961,134

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	\$385,251	\$178,910	\$206,341
Educational	\$12,466	\$30,218	(\$17,751)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	NR
Number of Hospital Patients Educated In This Hospital	NR
Number of Citizens Exposed to Health Education Message	NR

Statement Four
Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Madison	Community Served	Madison County
------------------------	---------	-------------------------	----------------

Hospital Mission Statement

“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Community Hospital is dedicated to serve the medical, health, and human services needs of the people of Anderson, Madison County with compassion, dignity, and excellence service.

	2002	2003	2004
Persons served in last twelve months	857	1,108	1,286
Charity Care Allocation	(\$1,168,851)	(\$1,816,865)	(\$1,168,851)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$17,751)

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$6,183,571)
2. Community Health Education	(\$17,751)
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$6,201,322)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Karen Dykes

Telephone number: 765/298-2225

Web Address Information: www.ecommunity.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	869	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	43.3%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	51.7	251.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,605	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,872	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	65.8%	41.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$988	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.0%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.3%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,122,833)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.4	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Blackford Community Hospital

Year: 2004 City: Hartford City Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$3,793,059	Salaries and Wages	\$4,494,850
Outpatient Patient Service Revenue	\$14,003,414	Employee Benefits and Taxes	\$949,321
Total Gross Patient Service Revenue	\$17,796,473	Depreciation and Amortization	\$345,087
2. Deductions from Revenue		Interest Expenses	\$85,070
Contractual Allowances	\$5,173,288	Bad Debt	\$1,272,935
Other Deductions	\$185,689	Other Expenses	\$5,925,925
Total Deductions	\$5,358,978	Total Operating Expenses	\$13,073,188
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$12,437,495	Net Operating Revenue over Expenses	(\$533,955)
Other Operating Revenue	\$101,737	Net Non-operating Gains over Losses	\$23,510
		Total Net Gain over Loss	(\$510,445)

Total Operating Revenue	\$12,539,233
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$6,934,125
Total Liabilities	\$6,934,125

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$10,167,787	\$2,429,085	\$7,738,702
Medicaid	\$1,991,176	\$1,692,518	\$298,658
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$5,637,510	\$1,237,374	\$4,400,136
Total	\$17,796,510	\$5,358,977	\$12,437,496

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$22,493	\$22,493	\$0

Educational	\$0	\$27,000	(\$27,000)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	627
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Blackford	Community Served	Blackford County
------------------------	-----------	-------------------------	------------------

Hospital Mission Statement

“Cardinal Health System will promote wellness and improve the health status of the people of East Central Indiana and surrounding areas through patient care, health education, and medical research”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2002

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$63,927)	(\$121,700)	(\$185,000)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
No programs listed	\$0

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$1,867,649)
2. Community Health Education	\$0
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$1,867,649)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Walter Soptelean

Telephone number: 765/348-0574

Web Address Information: www.accesschs.org/blackford_community_hospital

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1125	225
2. % of Salary	Salary Expenses divided by Total Expenses	34.4%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	5.9	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$6,374	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,396	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	78.7%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,170	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	57.1%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.7%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$185,689)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-4.3	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Memorial Hospital and Health Care Center

Year: 2004 City: Jasper Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$51,802,548	Salaries and Wages	\$35,903,897
Outpatient Patient Service Revenue	\$67,942,117	Employee Benefits and Taxes	\$7,435,192
Total Gross Patient Service Revenue	\$119,744,665	Depreciation and Amortization	\$4,313,739
2. Deductions from Revenue		Interest Expenses	\$970,419
Contractual Allowances	\$40,533,074	Bad Debt	\$2,038,776
Other Deductions	\$1,422,319	Other Expenses	\$22,860,901
Total Deductions	\$41,955,393	Total Operating Expenses	\$73,522,924
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$77,789,272	Net Operating Revenue over Expenses	\$4,937,399
Other Operating Revenue	\$671,051	Net Non-operating Gains over Losses	\$1,283,180
		Total Net Gain over Loss	\$6,220,579

Total Operating Revenue	\$78,460,323
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$138,703,652
Total Liabilities	\$138,703,652

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$50,379,938	\$26,998,814	\$23,381,124
Medicaid	\$7,891,346	\$4,552,483	\$3,338,863
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$61,473,381	\$8,981,777	\$52,491,604
Total	\$119,744,665	\$40,533,074	\$79,211,591

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$133,792	\$392,189	(\$258,397)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	132,960
Number of Citizens Exposed to Health Education Message	150,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Dubois	Community Served	Dubois County
------------------------	--------	-------------------------	---------------

Hospital Mission Statement

“We will be for Others. We pledge ourselves to care for each individual in a manner that reflects the physical, psychological, and spiritual healing ministry of Jesus Christ. We will work together to create an atmosphere of mutual respect and dignity”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	572	500	701
Charity Care Allocation	(\$836,701)	(\$654,258)	(\$1,068,548)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Family Palliative Care	(\$82,265)
Community Education	(\$147,576)

Physician Recruitment	(\$187,058)
Other Expenses	(\$225,403)
Subtotal	(\$642,302)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$6,847,205)
2. Community Health Education	(\$147,575)
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$6,994,780)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: E Kyle Bennett

Telephone number: 812/482-0507

Web Address Information: www.mhhcc.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	802	656
2. % of Salary	Salary Expenses divided by Total Expenses	48.8%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	55.4	58.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,096	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,284	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.7%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$729	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.1%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.8%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$742,284)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.3	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Margaret Mary Community Hospital

Year: 2004 City: Batesville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$17,064,757	Salaries and Wages	\$15,651,368
Outpatient Patient Service Revenue	\$35,270,139	Employee Benefits and Taxes	\$3,116,491
Total Gross Patient Service Revenue	\$52,334,896	Depreciation and Amortization	\$3,116,491
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$15,616,985	Bad Debt	\$1,744,330
Other Deductions	\$541,261	Other Expenses	\$12,404,990
Total Deductions	\$16,158,246	Total Operating Expenses	\$36,033,670
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$36,176,650	Net Operating Revenue over Expenses	\$494,968
Other Operating Revenue	\$351,988	Net Non-operating Gains over Losses	\$1,163,380
		Total Net Gain over Loss	\$1,658,348

Total Operating Revenue	\$36,528,638
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$69,114,654
Total Liabilities	\$26,821,896

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,410,609	\$10,267,914	\$10,142,695
Medicaid	\$4,186,792	\$2,777,483	\$1,409,309
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$27,737,495	\$3,112,849	\$24,624,646
Total	\$52,334,896	\$16,158,246	\$36,176,650

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$87,539	\$21,916	\$65,623

Educational	\$5,005	\$306,964	(\$301,959)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	33
Number of Hospital Patients Educated In This Hospital	1,834
Number of Citizens Exposed to Health Education Message	80,222

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Ripley	Community Served	Serving Decatur, Franklin, and Ripley Counties
------------------------	--------	-------------------------	--

Hospital Mission Statement

“To improve the health of our communities”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2002

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	518	426	577
Charity Care Allocation	(\$194,119)	(\$261,460)	(\$264,299)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Osgood Primary Care	(\$209,318)
Influenza Clinic	(\$64,011)
Cholesterol Screening	(\$63,869)

Emergency Medical Services	(\$48,424)
Mammogram Screening	(\$17,451)
Subtotal	(\$403,073)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$746,577)
2. Community Health Education	(\$143,591)
3. Community Programs and Services	(\$645,167)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$1,535,335)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Brian Daeger

Telephone number: 812/934-6624

Web Address Information: www.mmch.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	335	656
2. % of Salary	Salary Expenses divided by Total Expenses	43.4%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	14.8	58.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.9	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,287	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,320	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	67.4%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$571	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.0%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.8%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$285,190)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.4	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Bedford Regional Medical Center

Year: 2004 City: Bedford Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$28,779,672	Salaries and Wages	\$17,254,511
Outpatient Patient Service Revenue	\$57,238,577	Employee Benefits and Taxes	\$4,001,466
Total Gross Patient Service Revenue	\$86,018,249	Depreciation and Amortization	\$1,950,607
2. Deductions from Revenue		Interest Expenses	\$1,241,502
Contractual Allowances	\$43,969,832	Bad Debt	\$3,212,848
Other Deductions	\$939,602	Other Expenses	\$11,481,770
Total Deductions	\$44,908,434	Total Operating Expenses	\$39,142,704
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$41,108,815	Net Operating Revenue over Expenses	\$2,264,323
Other Operating Revenue	\$298,212	Net Non-operating Gains over Losses	\$43,994
		Total Net Gain over Loss	\$2,308,317

Total Operating Revenue	\$41,407,027
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$25,339,856
Total Liabilities	\$22,296,431

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$36,372,451	\$26,145,607	\$10,226,844
Medicaid	\$7,872,954	\$6,857,098	\$1,015,856
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$41,772,844	\$10,967,127	\$30,805,717
Total	\$86,018,249	\$43,969,832	\$42,048,417

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$5,070	\$111,196	(\$106,126)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	1,796
Number of Hospital Patients Educated In This Hospital	832
Number of Citizens Exposed to Health Education Message	283

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lawrence	Community Served	Lawrence County
------------------------	----------	-------------------------	-----------------

Hospital Mission Statement

“To advance the health of our communities through an integrated healthcare delivery system”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1998

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	55	52	86
Charity Care Allocation	(\$580,632)	(\$755,628)	(\$939,602)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Ambulance Coverage at local events	(\$10,855)
Blood Sugar Cholesterol Lipid Screening	(\$4,414)
CPR Classes	(\$3,530)

Diabetes Education Program	(\$86,181)
All Other Programs	(\$4,630)
Subtotal	(\$108,610)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$17,517,386)
2. Community Health Education	(\$87,011)
3. Community Programs and Services	(\$102,809)
4. Other Unreimbursed Costs	(\$12,889)
5. Total Costs of Providing Community Benefits	(\$17,730,095)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Bradford W. Dykes

Telephone number: 812/275-1200

Web Address Information: www.brmchealthcare.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	416	225
2. % of Salary	Salary Expenses divided by Total Expenses	44.1%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	23.4	15.8

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,232	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,319	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	66.5%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,085	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.3%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.2%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$939,602)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.5	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital Munster

Year: 2004 City: Munster Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$305,697,873	Salaries and Wages	\$105,122,514
Outpatient Patient Service Revenue	\$181,156,830	Employee Benefits and Taxes	\$28,117,842
Total Gross Patient Service Revenue	\$486,854,703	Depreciation and Amortization	\$15,692,421
2. Deductions from Revenue		Interest Expenses	\$453,320
Contractual Allowances	\$233,054,756	Bad Debt	\$9,726,626
Other Deductions	\$727,925	Other Expenses	\$92,283,768
Total Deductions	\$233,782,681	Total Operating Expenses	\$251,396,491
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$253,072,022	Net Operating Revenue over Expenses	\$9,570,994
Other Operating Revenue	\$7,895,463	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$9,570,994

Total Operating Revenue	\$260,967,485
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$183,381,344
Total Liabilities	\$41,128,856

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$238,773,044	\$142,165,750	\$96,607,294
Medicaid	\$27,336,313	\$21,265,639	\$6,070,674
Other State	\$2,279,970	\$2,155,919	\$124,051
Local Government	\$0	\$0	\$0
Commercial Insurance	\$218,465,375	\$67,467,448	\$150,997,927
Total	\$486,854,703	\$233,054,756	\$253,799,946

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$78,310	(\$78,310)

Educational	\$128,230	\$2,007,637	(\$1,879,407)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	5,106
Number of Hospital Patients Educated In This Hospital	5,054
Number of Citizens Exposed to Health Education Message	103,322

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	Community Served	Lake County
------------------------	------	-------------------------	-------------

Hospital Mission Statement

“The Community Healthcare System is committed to providing the highest quality care in the most cost efficient manner, respecting the dignity of the individual, providing for the well being of the community and serving the needs of all people”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	628	663	698
Charity Care Allocation	(\$963,014)	(\$1,073,919)	(\$1,300,610)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Cancer Program	(\$107,341)
Heart Disease Program	(\$35,700)

Health and Wellness	(\$277,422)
Maternal and Child Programs	(\$36,261)
Other Programs	(\$899,530)
Subtotal	(\$1,356,254)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$13,975,018)
2. Community Health Education	(\$243,231)
3. Community Programs and Services	(\$166,532)
4. Other Unreimbursed Costs	(\$239,424)
5. Total Costs of Providing Community Benefits	(\$14,624,205)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Kathleen Edwards

Telephone number: 219/836-1600

Web Address Information: www.comhs.org/community

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	2,213	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	41.8%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	282.9	251.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.5	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,534	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,373	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	37.2%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$798	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	49.0%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.9%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,300,610)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.7	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Anthony Medical Center of Crown Point

Year: 2004 City: Crown Point Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$127,812,268	Salaries and Wages	\$48,482,649
Outpatient Patient Service Revenue	\$140,445,856	Employee Benefits and Taxes	\$13,897,274
Total Gross Patient Service Revenue	\$268,258,124	Depreciation and Amortization	\$9,648,129
2. Deductions from Revenue		Interest Expenses	\$2,890,648
Contractual Allowances	\$134,652,306	Bad Debt	\$2,564,954
Other Deductions	\$5,541,865	Other Expenses	\$48,469,166
Total Deductions	\$140,194,171	Total Operating Expenses	\$125,952,820
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$128,063,594	Net Operating Revenue over Expenses	\$7,305,162
Other Operating Revenue	\$4,919,594	Net Non-operating Gains over Losses	\$274,370
		Total Net Gain over Loss	\$7,579,532

Total Operating Revenue	\$133,257,982
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$159,068,730
Total Liabilities	\$21,091,424

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$118,193,125	\$71,888,966	\$46,304,159
Medicaid	\$12,457,003	\$11,884,787	\$572,216
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$137,607,995	\$56,420,418	\$81,187,578
Total	\$268,258,123	\$140,194,171	\$128,063,953

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$516,570	\$23,604	\$492,969

Educational	\$91,538	\$211,223	(\$119,682)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	5,437
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	12,738

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	Community Served	Northwest Indiana
------------------------	------	-------------------------	-------------------

Hospital Mission Statement

“Continuing Christ’s Ministry in our Franciscan Tradition”.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$4,328,517)	(\$4,442,096)	(\$4,763,487)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
St Clare Clinic	(\$687,445)
Prenatal Assistance Program	(\$85,545)
Senior Program	(\$1,410)

Other Programs	(\$22,846)
Subtotal	(\$797,246)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$23,325,007)
2. Community Health Education	(\$50,892)
3. Community Programs and Services	(\$288,211)
4. Other Unreimbursed Costs	(\$370,312)
5. Total Costs of Providing Community Benefits	(\$24,034,422)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Sr M Aline Stultz

Telephone number: 219/757-6102

Web Address Information: www.anthonymedicacenter.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	1,028	656
2. % of Salary	Salary Expenses divided by Total Expenses	38.5%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	105.6	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.5	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,628	\$4,999

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$14,940	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	52.4%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,463	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.1%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.0%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$4,763,487)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.5	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Jennings Hospital

Year: 2004 City: North Vernon Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$4,008,406	Salaries and Wages	\$8,115,870
Outpatient Patient Service Revenue	\$27,411,168	Employee Benefits and Taxes	\$2,921,092
Total Gross Patient Service Revenue	\$31,419,574	Depreciation and Amortization	\$1,024,816
2. Deductions from Revenue		Interest Expenses	\$442,744
Contractual Allowances	\$10,993,216	Bad Debt	\$3,968,180
Other Deductions	\$918,918	Other Expenses	\$6,112,670
Total Deductions	\$11,912,134	Total Operating Expenses	\$22,585,372
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$19,507,440	Net Operating Revenue over Expenses	(\$3,021,687)
Other Operating Revenue	\$58,245	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	(\$3,021,687)

Total Operating Revenue	\$19,563,685
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$17,783,265
Total Liabilities	\$21,145,466

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$10,503,586	\$5,728,839	\$4,774,747
Medicaid	\$3,071,610	\$3,215,828	(\$144,218)
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$17,844,378	\$2,967,467	\$14,876,911
Total	\$31,419,574	\$11,912,134	\$19,507,440

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Jennings	Community Served	Jennings County
------------------------	----------	-------------------------	-----------------

Hospital Mission Statement

“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	1999

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	33,351	38,903	\$18,887
Charity Care Allocation	(\$1,023,689)	(\$1,488,148)	(\$2,525,597)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$4,560)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$2,353,744)
2. Community Health Education	\$0
3. Community Programs and Services	(\$4,560)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$2,358,304)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Kelly Peisker

Telephone number:

317/338-7371

Web Address Information:

www.stvincent.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	157	225
2. % of Salary	Salary Expenses divided by Total Expenses	35.9%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	5.8	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,620	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,132	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	87.2%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$907	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	33.4%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	17.6%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$545,642)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-15.4	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital of Indiana South

Year: 2004 City: Indianapolis Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$90,285,685	Salaries and Wages	\$22,432,234
Outpatient Patient Service Revenue	\$119,212,925	Employee Benefits and Taxes	\$4,225,939
Total Gross Patient Service Revenue	\$209,498,610	Depreciation and Amortization	\$3,796,699
2. Deductions from Revenue		Interest Expenses	\$824,332
Contractual Allowances	\$63,919,162	Bad Debt	\$5,160,087
Other Deductions	\$39,961,694	Other Expenses	\$60,003,891
Total Deductions	\$103,880,856	Total Operating Expenses	\$96,443,182
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$105,617,754	Net Operating Revenue over Expenses	\$11,310,376
Other Operating Revenue	\$2,135,804	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$11,310,376

Total Operating Revenue	\$107,753,558
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$91,464,705
Total Liabilities	\$33,328,689

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$86,063,690	\$58,218,532	\$27,845,158
Medicaid	\$10,834,334	\$8,612,120	\$2,222,214
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$112,600,586	\$37,050,204	\$75,550,382
Total	\$209,498,610	\$103,880,856	\$105,614,754

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	NR
Number of Hospital Patients Educated In This Hospital	NR
Number of Citizens Exposed to Health Education Message	NR

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	Community Served	Marion, Hamilton, Hancock, Johnson, Shelby, and Morgan Counties
------------------------	--------	-------------------------	---

Hospital Mission Statement

“With caring and compassion, we continually strive to improve the health and well being of those individuals in central Indiana who entrust their care to us.”

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	Yes	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	12,426	12,717	NR
Charity Care Allocation	(\$626,453)	(\$821,125)	(\$671,412)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
School Health Clinics	(\$103,378)
Family Practice and Maternity Care Center	(\$189,886)
Health Promotion Services	(\$137,095)

Other Expenses	(\$3,001,701)
Subtotal	(\$3,432,060)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$3,432,060)
2. Community Health Education	\$0
3. Community Programs and Services	(\$3,432,060)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$6,864,120)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Daniel Hodgkins

Telephone number: 317/621-7636

Web Address Information: www.ecommunity.com

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	419	656
2. % of Salary	Salary Expenses divided by Total Expenses	23.3	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	63.8	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,227	\$4,999

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$14,223	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.9%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,925	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.1%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.4%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$671,412)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.5	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Westview Hospital

Year: 2004 City: Indianapolis Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$22,700,976	Salaries and Wages	\$16,890,247
Outpatient Patient Service Revenue	\$39,453,986	Employee Benefits and Taxes	\$3,527,230
Total Gross Patient Service Revenue	\$62,154,962	Depreciation and Amortization	\$2,233,921
2. Deductions from Revenue		Interest Expenses	\$284,145
Contractual Allowances	\$27,132,800	Bad Debt	\$2,075,680
Other Deductions	\$834,064	Other Expenses	\$16,269,676
Total Deductions	\$27,966,864	Total Operating Expenses	\$41,280,899
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$34,188,098	Net Operating Revenue over Expenses	(\$1,392,388)
Other Operating Revenue	\$5,700,413	Net Non-operating Gains over Losses	\$286,816
		Total Net Gain over Loss	(\$1,105,572)

Total Operating Revenue	\$39,888,511
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$42,447,163
Total Liabilities	\$17,040,039

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$26,346,087	\$16,740,737	\$9,605,350
Medicaid	\$2,719,893	\$2,539,218	\$180,675
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$33,088,982	\$7,852,845	\$25,236,137
Total	\$62,154,962	\$27,132,800	\$35,022,162

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$24,314	\$6,500	\$17,814

Educational	\$153,180	\$388,017	(\$234,837)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	11
Number of Hospital Patients Educated In This Hospital	225
Number of Citizens Exposed to Health Education Message	278

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	Community Served	Marion County
------------------------	--------	-------------------------	---------------

Hospital Mission Statement

“Provide quality healthcare to the central Indiana community with facilities and support for the osteopathic physicians”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	YES	Disease Detection	NO	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	629	781	977
Charity Care Allocation	(\$287,281)	(\$356,738)	(\$446,296)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Clinic Operations	(\$1,024,724)
Emergency Department	(\$452,891)
Subtotal	(\$1,477,615)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$6,593,659)
2. Community Health Education	(\$22,391)
3. Community Programs and Services	(\$1,477,615)
4. Other Unreimbursed Costs	(\$3,203,757)
5. Total Costs of Providing Community Benefits	(\$11,297,422)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Jerry Marks

Telephone number: 317/920-7288

Web Address Information: NR

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	336	225
2. % of Salary	Salary Expenses divided by Total Expenses	40.9%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	25.8	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.7	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,572	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,808	\$9,112

7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	63.5%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,252	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.4%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.0%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$457,217)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-3.5	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Mary's Warrick

Year: 2004 City: Boonville Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$7,153,401	Salaries and Wages	\$6,794,465
Outpatient Patient Service Revenue	\$12,924,302	Employee Benefits and Taxes	\$1,893,366
Total Gross Patient Service Revenue	\$20,077,703	Depreciation and Amortization	\$1,038,989
2. Deductions from Revenue		Interest Expenses	\$174,330
Contractual Allowances	\$6,385,501	Bad Debt	\$1,410,964
Other Deductions	\$265,759	Other Expenses	\$4,012,916
Total Deductions	\$6,651,260	Total Operating Expenses	\$15,325,027
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$13,426,443	Net Operating Revenue over Expenses	(\$1,533,963)
Other Operating Revenue	\$364,621	Net Non-operating Gains over Losses	\$70,865
		Total Net Gain over Loss	(\$1,463,098)

Total Operating Revenue	\$13,791,064
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$13,590,213
Total Liabilities	\$8,144,527

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$11,024,715	\$4,393,653	\$6,631,062
Medicaid	\$1,912,915	\$1,398,522	\$514,393
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$7,140,073	\$859,085	\$6,280,988
Total	\$20,077,703	\$6,651,260	\$13,426,443

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$3,003	\$3,003	(\$720,202)

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Warrick	Community Served	Pike, Spencer, and Warrick Counties
------------------------	---------	-------------------------	-------------------------------------

Hospital Mission Statement

“We commit ourselves to serving all persons with special attention to those who are poor and vulnerable, and is sedicated to spiritually centered, holistic care”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	YES	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2002

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	513	299	332
Charity Care Allocation	(\$245,186)	(\$149,824)	(\$87,794)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
WIC Program	(\$8,688)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$1,924,628)
2. Community Health Education	\$0
3. Community Programs and Services	(\$8,688)
4. Other Unreimbursed Costs	(\$12,454)
5. Total Costs of Providing Community Benefits	(\$1,945,770)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative:

Stephen Cassidy

Telephone number:

812/897-7134

Web Address Information:

www.stmarys.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	168	225
2. % of Salary	Salary Expenses divided by Total Expenses	44.3%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	12.7	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.4	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,509	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,723	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	64.4%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$570	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	54.9%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.2%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$87,794)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-11.1	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Kosciusko Community Hospital

Year: 2004 City: Warsaw Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$47,800,106	Salaries and Wages	\$18,502,081
Outpatient Patient Service Revenue	\$88,185,050	Employee Benefits and Taxes	\$3,674,562
Total Gross Patient Service Revenue	\$135,985,156	Depreciation and Amortization	\$2,457,559
2. Deductions from Revenue		Interest Expenses	\$3,748,868
Contractual Allowances	\$55,213,494	Bad Debt	\$4,215,442
Other Deductions	\$1,881,759	Other Expenses	\$15,169,587
Total Deductions	\$57,095,253	Total Operating Expenses	\$47,768,099
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$78,889,903	Net Operating Revenue over Expenses	\$31,848,609
Other Operating Revenue	\$726,805	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$79,616,708	Total Net Gain over Loss	\$34,848,609

6. Assets and Liabilities	
Total Assets	\$84,549,778
Total Liabilities	\$84,549,778

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$53,662,841	\$37,681,274	\$15,981,567
Medicaid	\$10,248,525	\$7,874,294	\$2,374,231
Other State	\$0	\$0	\$0
Local Government	\$266,020	\$145,396	\$120,624
Commercial Insurance	\$71,807,770	\$11,394,289	\$60,413,481
Total	\$135,985,156	\$57,095,253	\$78,889,903

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$41,046	(\$41,046)
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$19,299,577	\$26,943,458	(\$7,643,881)
Community Benefits	\$0	\$434,777	(\$434,777)

For further information on this report, please contact:

Hospital Representative Brooke Hundt

Telephone Number 574/372-7611

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	625	656
2. % of Salary	Salary Expenses divided by Total Expenses	38.7%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	31.3%	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,717	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$14,034	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	64.8%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,598	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.5%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.8%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$109,386)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	40.0	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Medical Center of Southern Indiana

Year: 2004 City: Charlestown Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$18,205,457	Salaries and Wages	\$5,980,142
Outpatient Patient Service Revenue	\$12,660,100	Employee Benefits and Taxes	\$1,263,791
Total Gross Patient Service Revenue	\$30,865,557	Depreciation and Amortization	\$1,042,949
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$16,719,978	Bad Debt	\$1,544,936
Other Deductions	\$89,433	Other Expenses	\$4,898,386
Total Deductions	\$16,809,411	Total Operating Expenses	\$14,730,204
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$14,056,146	Net Operating Revenue over Expenses	(\$521,742)
Other Operating Revenue	\$152,316	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$14,208,462	Total Net Gain over Loss	(\$521,742)

6. Assets and Liabilities	
Total Assets	\$19,570,252
Total Liabilities	\$1,020,409

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$17,357,327	\$9,528,987	\$7,823,340
Medicaid	\$2,927,332	\$2,106,646	\$820,686
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$10,580,898	\$5,084,345	\$5,496,553
Total	\$30,865,557	\$16,719,978	\$14,145,579

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$4,077	(\$4,077)
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$89,433	(\$89,433)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Susan Young

Telephone Number 812/256-3301

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	133	225
2. % of Salary	Salary Expenses divided by Total Expenses	40.6%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	25.7	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.5	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$7,569	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,665	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	41.0%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,545	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	56.2%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	10.5%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$89,433)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-3.7	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Healthsouth Deaconess Rehabilitation Hospital

Year: 2004 City: Evansville Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$31,576,464	Salaries and Wages	\$7,040,004
Outpatient Patient Service Revenue	\$1,626,390	Employee Benefits and Taxes	\$1,390,687
Total Gross Patient Service Revenue	\$33,202,854	Depreciation and Amortization	\$154,925
2. Deductions from Revenue		Interest Expenses	\$493
Contractual Allowances	\$14,453,314	Bad Debt	\$780,758
Other Deductions	\$0	Other Expenses	\$4,209,035
Total Deductions	\$14,453,314	Total Operating Expenses	\$13,075,902
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$18,749,710	Net Operating Revenue over Expenses	\$5,827,568
Other Operating Revenue	\$153,760	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$18,903,470	Total Net Gain over Loss	\$5,827,568

		6. Assets and Liabilities	
		Total Assets	\$21,437,201
		Total Liabilities	\$2,621,145

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$24,749,508	\$11,472,589	\$13,276,919
Medicaid	\$1,133,188	\$596,376	\$536,812
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$7,320,158	\$2,384,179	\$18,749,710
Total	\$33,202,854	\$14,453,314	\$18,749,710

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$37,790	(\$37,790)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	35
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	5,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$655,870	(\$655,870)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Diane Riley

Telephone Number 812/476-4270

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	180	137
2. % of Salary	Salary Expenses divided by Total Expenses	53.8%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	57.8	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	16.1	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$24,086	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	4.9%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$213	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	74.5%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.0%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$655,870)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	30.8	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Pediatric Rehabilitation Center

Year: 2004 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$7,664,565	Salaries and Wages	\$4,711,104
Outpatient Patient Service Revenue	\$1,771,034	Employee Benefits and Taxes	\$1,075,074
Total Gross Patient Service Revenue	\$9,435,599	Depreciation and Amortization	\$450,767
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$3,654,867	Bad Debt	\$77,786
Other Deductions	(\$2,018,258)	Other Expenses	\$1,510,915
Total Deductions	\$1,636,609	Total Operating Expenses	\$7,825,646
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$7,798,990	Net Operating Revenue over Expenses	\$62,535
Other Operating Revenue	\$89,191	Net Non-operating Gains over Losses	\$3,741
		Total Net Gain over Loss	\$66,276

Total Operating Revenue	\$7,888,181
-------------------------	-------------

6. Assets and Liabilities	
Total Assets	\$8,909,238
Total Liabilities	\$5,134,689

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$0	\$0	\$0
Medicaid	\$4,340,422	\$618,110	\$3,722,312
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$5,095,177	\$1,018,499	\$4,076,678
Total	\$9,435,599	\$1,626,609	\$7,798,990

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	Community Served	State of Indiana
------------------------	--------	-------------------------	------------------

Hospital Mission Statement

“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	2000

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	1,863	1,648	4,152
Charity Care Allocation	(\$172,968)	(\$510,038)	(\$245,050)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$40,132)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$1,510,398)
2. Community Health Education	\$0
3. Community Programs and Services	\$40,132)
4. Other Unreimbursed Costs	(\$118,094)
5. Total Costs of Providing Community Benefits	(\$1,668,624)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Marty Rugh

Telephone number:

317/338-7370

Web Address Information:

www.stvincent.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	97	137
2. % of Salary	Salary Expenses divided by Total Expenses	60.2%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	9.5	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	27.7	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$61,932	\$29,901
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$61,317	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	18.8%	16.5%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$164	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	0.0%	56.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	1.0%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$22,446)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.8	12.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Wabash County Hospital

Year: 2004 City: Wabash Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$13,893,159	Salaries and Wages	\$10,345,267
Outpatient Patient Service Revenue	\$38,095,798	Employee Benefits and Taxes	\$3,631,266
Total Gross Patient Service Revenue	\$51,988,957	Depreciation and Amortization	\$1,073,406
2. Deductions from Revenue		Interest Expenses	\$35,352
Contractual Allowances	\$22,495,385	Bad Debt	\$1,610,121
Other Deductions	\$162,375	Other Expenses	\$10,574,269
Total Deductions	\$22,657,760	Total Operating Expenses	\$27,269,681
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$29,331,197	Net Operating Revenue over Expenses	\$2,758,415
Other Operating Revenue	\$696,899	Net Non-operating Gains over Losses	\$38,955
Total Operating Revenue	\$30,028,096	Total Net Gain over Loss	\$2,797,370

6. Assets and Liabilities	
Total Assets	\$23,513,212
Total Liabilities	\$3,372,501

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$26,576,944	\$15,965,543	\$10,611,401
Medicaid	\$3,253,937	\$2,738,666	\$515,271
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$22,158,076	\$3,953,551	\$18,204,525
Total	\$51,988,957	\$22,657,760	\$29,331,197

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$70,005	\$70,005	\$0
Educational	\$0	\$250,000	(\$250,000)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	3,000
Number of Citizens Exposed to Hospital's Health Education Messages	25,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$259,388	(\$259,388)
Community Benefits	\$0	\$120,000	(\$120,000)

For further information on this report, please contact:

Hospital Representative Kent Giles

Telephone Number 260/563-3131

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	273	656
2. % of Salary	Salary Expenses divided by Total Expenses	37.9%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	10.0	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.3	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$13,088	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,683	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	73.3%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$759	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.1%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.9%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$81,187)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.2	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Mary Medical Center Hobart

Year: 2004 City: Hobart Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$108,350,689	Salaries and Wages	\$35,564,189
Outpatient Patient Service Revenue	\$71,747,087	Employee Benefits and Taxes	\$10,178,774
Total Gross Patient Service Revenue	\$180,097,776	Depreciation and Amortization	\$2,794,268
2. Deductions from Revenue		Interest Expenses	\$3,049,821
Contractual Allowances	\$78,265,763	Bad Debt	\$3,458,155
Other Deductions	\$1,895,847	Other Expenses	\$45,704,071
Total Deductions	\$80,161,610	Total Operating Expenses	\$100,749,278
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$99,936,166	Net Operating Revenue over Expenses	\$932,184
Other Operating Revenue	\$1,745,296	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$932,184

Total Operating Revenue	\$101,681,462
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$66,028,654
Total Liabilities	\$96,647,698

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$94,637,678	\$47,752,873	\$46,884,806
Medicaid	\$11,572,044	\$8,399,344	\$3,172,700
Other State	\$2,351,065	(\$461,435)	\$2,812,500
Local Government	\$0	\$0	\$0
Commercial Insurance	\$71,536,988	\$22,574,981	\$48,962,007
Total	\$180,977,776	\$78,2654,763	\$101,832,013

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$4,428	(\$4,428)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	342
Number of Citizens Exposed to Health Education Message	66,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Lake	Community Served	Hobart, Portage, and Lake Station
------------------------	------	-------------------------	-----------------------------------

Hospital Mission Statement

“Medical Center is dedicated to provide quality health services. Will minister to our neighbors within the community, providing compassionate care of body and spirit”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$1,568,668)	(\$3,433,841)	(\$4,488,985)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$4,488,985)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$1,895,847)
2. Community Health Education	(\$3,241)
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$1,899,088)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative:

David Shebish

Telephone number:

219/942-0551

Web Address Information:

NR

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	804	656
2. % of Salary	Salary Expenses divided by Total Expenses	35.3%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	117.8	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,988	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,201	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	39.8%	53.7%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$826	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	52.5%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.4%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,895,847)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.9	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Rehabilitation Hospital of Indiana

Year: 2004 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$35,770,263	Salaries and Wages	\$12,695,988
Outpatient Patient Service Revenue	\$6,299,675	Employee Benefits and Taxes	\$4,617,279
Total Gross Patient Service Revenue	\$42,069,938	Depreciation and Amortization	\$930,271
2. Deductions from Revenue		Interest Expenses	\$399,014
Contractual Allowances	\$14,955,893	Bad Debt	\$350,346
Other Deductions	\$566,314	Other Expenses	\$8,072,049
Total Deductions	\$15,521,207	Total Operating Expenses	\$27,064,947
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$26,548,731	Net Operating Revenue over Expenses	(\$165,974)
Other Operating Revenue	\$350,242	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$26,898,973	Total Net Gain over Loss	(\$165,974)

6. Assets and Liabilities	
Total Assets	\$20,905,742
Total Liabilities	\$22,748,976

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$29,472,681	\$10,927,973	\$18,544,708
Medicaid	\$2,280,561	\$1,288,801	\$991,760
Other State	\$0	\$0	\$0
Local Government	\$2,109,381	\$945,969	\$1,163,412
Commercial Insurance	\$16,957,262	\$5,028,122	\$11,929,140
Total	\$50,819,885	\$18,190,865	\$32,629,020

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Dennis W. Gish

Telephone Number 317/329-2000

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	90	225
2. % of Salary	Salary Expenses divided by Total Expenses	29.7%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	23.4	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	24.3	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$43,529	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$95,767	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	67.6%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NA	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	74.3%	43.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.8%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	16.5	3.1

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Jay County Hospital

Year: 2004 City: Portland Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$5,936,073	Salaries and Wages	\$6,740,825
Outpatient Patient Service Revenue	\$14,226,016	Employee Benefits and Taxes	\$2,321,144
Total Gross Patient Service Revenue	\$20,162,089	Depreciation and Amortization	\$1,070,460
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$1,731,485	Bad Debt	\$1,731,485
Other Deductions	\$0	Other Expenses	\$5,606,170
Total Deductions	\$1,731,485	Total Operating Expenses	\$17,470,084
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$18,430,604	Net Operating Revenue over Expenses	\$1,435,449
Other Operating Revenue	\$474,929	Net Non-operating Gains over Losses	\$224,417
Total Operating Revenue	\$18,905,533	Total Net Gain over Loss	\$1,659,866

6. Assets and Liabilities	
Total Assets	\$23,519,849
Total Liabilities	\$1,369,197

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$5,443,764	\$469,207	\$4,974,557
Medicaid	\$1,532,318	\$129,887	\$1,402,431
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$13,186,007	\$1,132,391	\$12,528,545
Total	\$20,162,089	\$1,731,485	\$18,905,533

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$40,000	\$40,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$244,766	(\$244,766)
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Joe Johnston

Telephone Number 260/726-7131

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	190	656
2. % of Salary	Salary Expenses divided by Total Expenses	38.6%	38.3
3. Average Daily Census	Patient Days divided by annual days (365 days)	12.7	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.3	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$6,387	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$5,456	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	70.6%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$409	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.1%	43.0%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.9%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$244,766)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.6	6.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Kindred Hospital Indianapolis

Year: 2004 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$36,258,476	Salaries and Wages	\$5,485,502
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$1,066,066
Total Gross Patient Service Revenue	\$36,258,476	Depreciation and Amortization	\$457,253
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$20,679,024	Bad Debt	\$0
Other Deductions	\$0	Other Expenses	\$7,085,371
Total Deductions	\$20,679,024	Total Operating Expenses	\$14,094,192
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$15,579,452	Net Operating Revenue over Expenses	\$1,527,027
Other Operating Revenue	\$47,866	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$15,627,318	Total Net Gain over Loss	\$1,527,027

6. Assets and Liabilities	
Total Assets	\$2,528,419
Total Liabilities	\$1,023,932

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$25,358,439	\$15,918,389	\$9,440,050
Medicaid	\$1,092,551	\$373,894	\$718,657
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$9,807,486	\$4,386,741	\$5,420,745
Total	\$36,258,476	\$20,679,024	\$15,579,452

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Jim Fuller

Telephone Number 317/636-4400

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	105	137
2. % of Salary	Salary Expenses divided by Total Expenses	38.9%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	28.7	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	30.4	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$27,949	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$105,097	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	NP	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	69.9%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.0%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.8	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Healthsouth Hospital of Terre Haute

Year: Six months of 2004 City: Terre Haute Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$10,897,944	Salaries and Wages	\$3,107,442
Outpatient Patient Service Revenue	\$935,842	Employee Benefits and Taxes	\$596,396
Total Gross Patient Service Revenue	\$11,833,786	Depreciation and Amortization	\$48,352
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$4,230,670	Bad Debt	\$110,309
Other Deductions	\$454,164	Other Expenses	\$2,466,417
Total Deductions	\$4,684,834	Total Operating Expenses	\$6,328,916
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$7,148,952	Net Operating Revenue over Expenses	\$840,806
Other Operating Revenue	\$20,770	Net Non-operating Gains over Losses	\$249,116
Total Operating Revenue	\$7,169,722	Total Net Gain over Loss	\$1,089,922

6. Assets and Liabilities	
Total Assets	\$3,950,329
Total Liabilities	\$3,950,329

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$9,860,874	\$3,845,221	\$6,015,653
Medicaid	\$604,911	\$350,631	\$254,280
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$1,368,001	\$488,982	\$879,019
Total	\$11,833,786	\$4,684,834	\$7,148,952

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$2,724	(\$2,724)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$0	\$0

For further information on this report, please contact:

Hospital Representative Timothy Lambert

Telephone Number 812/235-5656

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	99	137
2. % of Salary	Salary Expenses divided by Total Expenses	49.1%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	19.1	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	23.9	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$37,322	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	7.9%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$235	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	83.3%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	1.7%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	11.7	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Southern Indiana Rehabilitation Hospital

Year: 2004 City: New Albany Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$29,725,152	Salaries and Wages	\$6,878,540
Outpatient Patient Service Revenue	\$6,648,387	Employee Benefits and Taxes	\$1,446,368
Total Gross Patient Service Revenue	\$36,373,539	Depreciation and Amortization	\$807,541
2. Deductions from Revenue		Interest Expenses	\$296,645
Contractual Allowances	\$20,472,118	Bad Debt	\$21,184
Other Deductions	\$231,987	Other Expenses	\$4,427,247
Total Deductions	\$20,704,105	Total Operating Expenses	\$13,877,525
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$15,669,434	Net Operating Revenue over Expenses	\$1,944,647
Other Operating Revenue	\$152,738	Net Non-operating Gains over Losses	\$600,000
		Total Net Gain over Loss	\$2,544,647

Total Operating Revenue	\$15,822,172
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$16,775,281
Total Liabilities	\$7,981,709

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$26,794,065	\$16,116,994	\$10,677,071
Medicaid	\$2,107,212	\$1,540,229	\$566,983
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$7,471,091	\$3,046,882	\$4,424,209
Total	\$36,372,368	\$20,704,105	\$15,668,263

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$600,000	\$0	\$600,000

Educational	\$0	\$12,813	(\$12,813)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	45
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Floyd	Community Served	Floyd County
------------------------	-------	-------------------------	--------------

Hospital Mission Statement

“The mission of Southern Indiana Rehab Hospital is to provide superior health services to the people and communities we serve”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	7	18	7
Charity Care Allocation	(\$64,000)	(\$187,000)	(\$184,000)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Patient Education	(\$32,009)
Community Benefit	(\$51,834)
Injury Prevention	(\$32,732)

Continuing Education	(\$13,296)
Subtotal	(\$129,871)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$206,776)
2. Community Health Education	\$0
3. Community Programs and Services	(\$116,570)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$323,346)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
--	--------------------------

None	\$0
------	-----

For further information on these initiatives, contact:

Hospital Representative: Randy Napier

Telephone number: 812/941-6106

Web Address Information: www.sirh.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	165	137
2. % of Salary	Salary Expenses divided by Total Expenses	49.6%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	35.8	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	13.4	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	NR	\$29,408

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$30,519	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	18.3%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$204	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	73.7%	56.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.2%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$206,776)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.3	12.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Kindred Hospital Indianapolis South

Year: 2004 City: Greenwood Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$26,655,218	Salaries and Wages	\$4,318,635
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$764,297
Total Gross Patient Service Revenue	\$26,655,218	Depreciation and Amortization	\$158,821
2. Deductions from Revenue		Interest Expenses	\$42
Contractual Allowances	\$15,220,051	Bad Debt	\$214,564
Other Deductions	\$0	Other Expenses	\$4,644,495
Total Deductions	\$15,220,051	Total Operating Expenses	\$10,100,854
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$11,435,167	Net Operating Revenue over Expenses	\$1,343,162
Other Operating Revenue	\$8,849	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$11,444,016	Total Net Gain over Loss	\$1,343,162

		6. Assets and Liabilities	
		Total Assets	\$1,796,009
		Total Liabilities	\$671,418

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,152,699	\$11,738,257	\$8,414,442
Medicaid	\$4,499,507	\$3,222,984	\$1,276,523
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$2,003,012	\$258,810	\$1,744,202
Total	\$26,655,218	\$15,220,051	\$11,435,167

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$8,239,131	\$8,994,925	(\$755,794)
Community Benefits	\$0	\$104,000	(\$104,000)

For further information on this report, please contact:

Hospital Representative Kelly Gross

Telephone Number 317/888-8155

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	83	137
2. % of Salary	Salary Expenses divided by Total Expenses	42.8%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	27.6	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	26.0	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$26,595	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$68,877	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	NP	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	75.6%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.1%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	11.7	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Rehabilitation Hospital of Fort Wayne

Year: 2004 City: Fort Wayne Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$13,286,096	Salaries and Wages	\$4,287,852
Outpatient Patient Service Revenue	\$1,425,454	Employee Benefits and Taxes	\$913,630
Total Gross Patient Service Revenue	\$14,711,550	Depreciation and Amortization	\$316,227
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$5,639,447	Bad Debt	\$23,684
Other Deductions	\$2,232	Other Expenses	\$2,200,644
Total Deductions	\$5,641,679	Total Operating Expenses	\$7,762,037
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$9,069,871	Net Operating Revenue over Expenses	\$1,603,125
Other Operating Revenue	\$295,291	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$9,365,162	Total Net Gain over Loss	\$1,603,125

6. Assets and Liabilities	
Total Assets	\$8,156,841
Total Liabilities	\$8,156,841

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$10,700,383	\$4,219,311	\$6,481,072
Medicaid	\$280,752	\$184,297	\$96,445
Other State	\$0	\$0	\$0
Local Government	\$47,170	\$17,091	\$32,079
Commercial Insurance	\$3,681,245	\$1,218,479	\$2,462,496
Total	\$14,711,550	\$5,639,448	\$9,072,102

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$4,229	(\$4,229)
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$4,757,688	\$5,313,631	(\$555,943)
Community Benefits	\$0	\$140,000	(\$140,000)

For further information on this report, please contact:

Hospital Representative Stacey Chivers

Telephone Number 260/435-6101

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	101	137
2. % of Salary	Salary Expenses divided by Total Expenses	55.2%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	24.8	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	12.6	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NA	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$18,556	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	9.7%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,470	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	72.7%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.3%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,232)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	17.1	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Select Speciality Hospital

Year: 2004 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$30,795,098	Salaries and Wages	\$5,454,540
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$1,228,612
Total Gross Patient Service Revenue	\$30,795,098	Depreciation and Amortization	\$500,374
2. Deductions from Revenue		Interest Expenses	\$2,889
Contractual Allowances	\$14,994,131	Bad Debt	\$571,677
Other Deductions	\$33,791	Other Expenses	\$7,304,112
Total Deductions	\$15,027,922	Total Operating Expenses	\$15,062,204
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$15,767,176	Net Operating Revenue over Expenses	\$649,895
Other Operating Revenue	(\$55,077)	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$15,712,099	Total Net Gain over Loss	\$649,895

6. Assets and Liabilities	
Total Assets	\$5,889,235
Total Liabilities	\$4,096,964

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$23,447,786	\$12,791,783	\$10,656,003
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$7,347,312	\$2,236,139	\$5,111,173
Total	\$30,795,098	\$15,027,922	\$15,767,176

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$106,139	(\$106,139)

For further information on this report, please contact:

Hospital Representative Bill Shearer

Telephone Number 317/925-8066

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	94	137
2. % of Salary	Salary Expenses divided by Total Expenses	36.2%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	31.3	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	27.4	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$73,849	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$73,849	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	NP	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	76.1%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.8%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.1	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Elizabeth Ann Seton Hospital

Year: 2004 City: Evansville Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$12,256,487	Salaries and Wages	\$3,134,511
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$558,339
Total Gross Patient Service Revenue	\$12,256,487	Depreciation and Amortization	\$92,609
2. Deductions from Revenue		Interest Expenses	\$123,597
Contractual Allowances	\$5,598,796	Bad Debt	\$39,699
Other Deductions	\$0	Other Expenses	\$2,023,507
Total Deductions	\$5,598,796	Total Operating Expenses	\$5,972,262
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$6,657,691	Net Operating Revenue over Expenses	\$691,104
Other Operating Revenue	\$5,675	Net Non-operating Gains over Losses	\$42,182
		Total Net Gain over Loss	\$733,286

Total Operating Revenue	\$6,663,366
-------------------------	-------------

6. Assets and Liabilities	
Total Assets	\$3,024,778
Total Liabilities	\$5,503,077

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$9,634,724	\$4,959,138	\$4,675,586
Medicaid	\$664,434	\$664,844	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$1,957,329	(\$24,186)	\$1,933,143
Total	\$12,256,487	\$5,598,796	\$6,657,691

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Vanderburgh	Community Served	Vanderburgh County
------------------------	-------------	-------------------------	--------------------

Hospital Mission Statement

“To make a positive difference in the lives and health status of individuals and communities. Central to our mission is services to those persons who are poor. The health services we provide will be spiritually centered, accessible, and affordable”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2000

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	6	11	3
Charity Care Allocation	(\$54,367)	(\$30,584)	(\$65,306)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
No programs Lists	\$0

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$221,941)
2. Community Health Education	\$0
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$221,941)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Jared Florence

Telephone number: 812/485-7443

Web Address Information: www.stmarys.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	70	137
2. % of Salary	Salary Expenses divided by Total Expenses	52.5%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	15.5	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	24.0	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	NR	\$29,901
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$51,934	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	NR	16.5%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NR	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	78.6%	56.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.7%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$18,000)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.4	12.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Select Specialty Hospital of Northwest Indiana

Year: 2004 City: Hammond Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$33,887,519	Salaries and Wages	\$5,264,186
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$1,379,328
Total Gross Patient Service Revenue	\$88,887,519	Depreciation and Amortization	\$130,123
2. Deductions from Revenue		Interest Expenses	\$4,328
Contractual Allowances	\$16,585,715	Bad Debt	\$867,567
Other Deductions	\$37,618	Other Expenses	\$8,079,042
Total Deductions	\$16,623,333	Total Operating Expenses	\$15,704,027
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$17,264,186	Net Operating Revenue over Expenses	\$1,486,206
Other Operating Revenue	(\$73,953)	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$17,190,233	Total Net Gain over Loss	\$1,486,206

6. Assets and Liabilities	
Total Assets	\$12,328,483
Total Liabilities	\$1,503,478

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$29,008,973	\$15,214,877	\$13,794,086
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$4,878,546	\$1,408,456	\$3,470,090
Total	\$33,887,519	\$16,623,333	\$17,264,186

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$208,190	(\$208,190)

For further information on this report, please contact:

Hospital Representative Bill Shearer

Telephone Number 219/937-9900

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	117	137
2. % of Salary	Salary Expenses divided by Total Expenses	33.4%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	34.1	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	25.0	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$61,784	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$68,184	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NA	\$833
9. % of Medicare	85.6%	85.6%	56.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.5%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.6	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Select Specialty Hospital

Year: 2004 City: Beech Grove Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$26,790,053	Salaries and Wages	\$4,403,878
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$1,157,215
Total Gross Patient Service Revenue	\$26,790,053	Depreciation and Amortization	\$136,714
2. Deductions from Revenue		Interest Expenses	\$2,822
Contractual Allowances	\$11,751,574	Bad Debt	\$80,473
Other Deductions	(\$22,005)	Other Expenses	\$6,221,117
Total Deductions	\$11,729,569	Total Operating Expenses	\$12,002,219
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$15,060,484	Net Operating Revenue over Expenses	\$3,054,202
Other Operating Revenue	(\$4,063)	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$15,056,421	Total Net Gain over Loss	\$3,054,202

6. Assets and Liabilities	
Total Assets	\$16,071,761
Total Liabilities	\$1,438,223

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,115,785	\$10,089,172	\$10,026,613
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$6,674,268	\$1,640,397	\$5,033,871
Total	\$26,790,053	\$11,729,569	\$15,060,484

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$788,331	(\$788,331)

For further information on this report, please contact:

Hospital Representative Bill Shearer

Telephone Number 317/783-8913

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	110	137
2. % of Salary	Salary Expenses divided by Total Expenses	36.7%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	26.7%	29.4%
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	27.3	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$75,042	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$75,042	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NA	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	75.1%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.7%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	20.3	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Select Specialty Hospital

Year: 2004 City: Evansville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$25,857,535	Salaries and Wages	\$3,974,550
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$1,156,705
Total Gross Patient Service Revenue	\$25,857,535	Depreciation and Amortization	\$199,428
2. Deductions from Revenue		Interest Expenses	\$2,871
Contractual Allowances	\$11,814,862	Bad Debt	\$555,653
Other Deductions	\$15,078	Other Expenses	\$4,735,906
Total Deductions	\$11,829,940	Total Operating Expenses	\$10,625,113
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$14,027,595	Net Operating Revenue over Expenses	\$3,403,599
Other Operating Revenue	\$1,117	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$14,028,712	Total Net Gain over Loss	\$3,403,559

6. Assets and Liabilities	
Total Assets	\$15,806,836
Total Liabilities	\$1,355,333

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,409,647	\$10,874,281	\$9,535,366
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$5,447,888	\$955,659	\$14,027,595
Total	\$25,857,535	\$11,829,940	\$14,027,595

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$591,083	(\$591,083)

For further information on this report, please contact:

Hospital Representative Bill Sheareer

Telephone Number 812/450-5254

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	119	137
2. % of Salary	Salary Expenses divided by Total Expenses	37.4%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	31.0	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	28.2	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$64,483	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$64,483	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NA	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	78.9%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.2%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	24.3	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Elizabeth Ann Seton Hospital Carmel

Year: 2004 City: Carmel Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$25,133,444	Salaries and Wages	\$7,276,519
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$1,593,243
Total Gross Patient Service Revenue	\$25,133,444	Depreciation and Amortization	\$229,484
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$8,106,762	Bad Debt	\$9,555
Other Deductions	\$40,974	Other Expenses	\$4,389,018
Total Deductions	\$8,147,736	Total Operating Expenses	\$13,497,819
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$16,985,707	Net Operating Revenue over Expenses	\$3,487,888
Other Operating Revenue	\$0	Net Non-operating Gains over Losses	\$116,430
		Total Net Gain over Loss	\$3,604,318

Total Operating Revenue	\$16,985,707
-------------------------	--------------

6. Assets and Liabilities	
Total Assets	\$8,391,840
Total Liabilities	\$247,474

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$15,658,464	\$581,773	\$15,076,691
Medicaid	\$857,378	\$427,233	\$430,145
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$8,578,769	\$184,352	\$8,394,417
Total	\$25,094,611	\$1,193,358	\$23,901,253

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$444	(\$444)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Hamilton	Community Served	Central Indiana
------------------------	----------	-------------------------	-----------------

Hospital Mission Statement

“To make a positive difference in the lives and health status of individuals and communities. Central to our mission is services to those persons who are poor. The health services we provide will be spiritually centered, accessible, and affordable”.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	1995

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	607	2,437	1,966
Charity Care Allocation	(\$502,797)	(\$675,998)	(\$1,088,321)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$69,940)

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$508,330)
2. Community Health Education	(\$444)
3. Community Programs and Services	(\$69,940)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$578,714)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Maggie Charnoski

Telephone number: 317/582-8500

Web Address Information: NR

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	99	137
2. % of Salary	Salary Expenses divided by Total Expenses	53.9%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	34.6	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	32.2	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$73,914	\$29,901
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$64,116	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	NR	16.5%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NR	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	62.3%	56.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.1%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$63,047)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	20.5	12.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Select Specialty Hospital

Year: 2004 City: Fort Wayne Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$22,345,562	Salaries and Wages	\$3,860,786
Outpatient Patient Service Revenue	\$0	Employee Benefit	\$974,646
Total Gross Patient Service Revenue	\$22,345,562	Depreciation and Amortization	\$251,957
2. Deductions from Revenue		Interest Expenses	\$4,474
Contractual Allowances	\$10,126,173	Bad Debt	\$718,326
Other Deductions	\$18,200	Other Expenses	\$3,727,049
Total Deductions	\$10,144,373	Total Operating Expenses	\$9,537,238
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$12,201,189	Net Operating Revenue over Expenses	\$2,633,656
Other Operating Revenue	(\$30,295)	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$12,170,894	Total Net Gain over Loss	\$2,633,656

6. Assets and Liabilities	
Total Assets	\$14,760,866
Total Liabilities	\$2,086,877

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$17,842,266	\$9,920,341	\$7,921,925
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$4,503,296	\$224,032	\$4,279,264
Total	\$22,345,562	\$10,144,373	\$12,201,189

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$396,810	(\$396,810)

For further information on this report, please contact:

Hospital Representative Bill Shearer

Telephone Number 260/425-3811

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	70	137
2. % of Salary	Salary Expenses divided by Total Expenses	40.5%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	19.6	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	31.6	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$98,874	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$98,874	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NA	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	79.8%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.5%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	21.6	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Illiana Surgery and Medical Center

Year: 2004 City: Munster Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$3,022,594	Salaries and Wages	\$4,355,781
Outpatient Patient Service Revenue	\$34,759,825	Employee Benefits and Taxes	\$768,634
Total Gross Patient Service Revenue	\$37,782,419	Depreciation and Amortization	\$891,984
2. Deductions from Revenue		Interest Expenses	\$862,224
Contractual Allowances	\$17,913,461	Bad Debt	\$2,240,770
Other Deductions	\$0	Other Expenses	\$9,670,671
Total Deductions	\$17,913,461	Total Operating Expenses	\$18,790,064
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$19,868,958	Net Operating Revenue over Expenses	\$1,355,593
Other Operating Revenue	\$275,699	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$20,145,657	Total Net Gain over Loss	\$1,355,593

6. Assets and Liabilities	
Total Assets	\$49,043,945
Total Liabilities	\$49,043,945

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$9,269,375	\$6,997,490	\$2,271,875
Medicaid	\$2,040,835	\$1,540,637	\$500,198
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$26,472,209	\$9,375,325	\$17,096,885
Total	\$37,782,419	\$17,913,461	\$19,868,958

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$4,495	(\$4,495)
Educational	\$0	\$165,706	(\$165,706)

Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	2
Number of Hospital Patients Educated In This Hospital	9,000
Number of Citizens Exposed to Hospital's Health Education Messages	200,000

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$291,134	(\$291,134)

For further information on this report, please contact:

Hospital Representative Fred Smith

Telephone Number 219/924-1300

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	320	137
2. % of Salary	Salary Expenses divided by Total Expenses	23.2%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	1.1	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.3	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$13,396	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$17,885	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	92.0%	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,817	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	24.5%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	11.9%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.7	12.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Vincent Women's Hospital (Satellite)

Year: 2004 City: Indianapolis Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$37,916,579	Salaries and Wages	\$11,886,606
Outpatient Patient Service Revenue	\$16,083,157	Employee Benefits and Taxes	\$3,151,529
Total Gross Patient Service Revenue	\$53,999,736	Depreciation and Amortization	\$1,846,884
2. Deductions from Revenue		Interest Expenses	\$825,075
Contractual Allowances	\$17,816,782	Bad Debt	\$1,486,860
Other Deductions	\$528,597	Other Expenses	\$8,583,926
Total Deductions	\$18,345,379	Total Operating Expenses	\$27,780,880
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$35,654,357	Net Operating Revenue over Expenses	\$8,149,899
Other Operating Revenue	\$276,422	Net Non-operating Gains over Losses	\$12,213
		Total Net Gain over Loss	\$8,162,112

Total Operating Revenue	\$35,930,779	6. Assets and Liabilities	
Total Assets		\$10,995,211	
Total Liabilities		\$2,834,302	

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$2,646,000	\$1,989,338	\$656,662
Medicaid	\$1,895,000	\$1,501,072	\$393,925
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$49,458,736	\$14,854,969	\$34,603,767
Total	\$53,999,736	\$18,345,379	\$35,654,357

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$400,000	(\$400,000)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	16,261
Number of Citizens Exposed to Health Education Message	400,000

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	Marion	Community Served	Marion County
------------------------	--------	-------------------------	---------------

Hospital Mission Statement

“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.

Unique Services	Type of Initiatives	Document Available
------------------------	----------------------------	---------------------------

Medical Research	NR	Disease Detection	NR	Community Plan	NR
Professional Education	NR	Practitioner Education	NR	Annual Statement	NR
Community Education	NR	Clinic Support	NR	Needs Assessment	NR

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	0	0	5,802
Charity Care Allocation	\$0	\$0	(\$662,282)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$55,971)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$65,415)
2. Community Health Education	(\$150,000)
3. Community Programs and Services	(\$55,971)
4. Other Unreimbursed Costs	(\$11,817)
5. Total Costs of Providing Community Benefits	(\$283,203)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative:

Mary Rugh

Telephone number:

317/338-7370

Web Address Information:

NR

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	NR	137
2. % of Salary	Salary Expenses divided by Total Expenses	42.8%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	27.6	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.8	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,907	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,896	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	29.8%	16.5%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,091	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	4.9%	56.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.4%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$65,415)	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	22.7	12.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

2004 STATEWIDE HOSPITAL FISCAL REPORT SUMMARY

I. Introduction

On an annual basis, each acute care hospital in Indiana identifies the expenses for annual operation and the inpatient and outpatient revenues for services to patients. The statistics are developed by the hospital and filed with the ISDH. The Indiana State Department of Health (ISDH) is required by Indiana Code 16-21-6-11 to publish this information to assist the consuming public in making fiscal comparisons between hospitals.

This report, focuses on financial status, and follows annual publication of the hospital service reports that focuses on discharges, patient days, total charges by service and outpatient visits.

This summary will include the key definitions and statewide totals for all key financial indicators (see Table A). This statewide report will summarize fiscal year 2004 results for 132 hospitals. Individual reports of each hospital are also displayed at this web site. This summary will then review key financial indicators for the past three years and between small, medium and large hospitals in Indiana (see Table B-I). The section will conclude with 12 performance standards incorporated into every report to provide comparisons between similar hospitals (See Table J).

TABLE A
STATEWIDE HOSPITAL FISCAL SUMMARY

STATEMENT ONE: SUMMARY OF REVENUE AND EXPENSES
--

Each fiscal year, each hospital must account for the revenue it earned, the expenses it spent, and the deficit and surplus of funds in the past twelve-month period. This section, statement of revenue and expenses, will provide the definition of terms, and summarize the 2004 statewide total for 132 hospitals in Indiana.

1. Gross Patient Service Revenue

TERM	DEFINITION ¹	2004 STATEWIDE TOTAL ²	PERCENT OF SUBTOTAL
INPATIENT SERVICE REVENUE	The total billed value of inpatient services including the value of routine services and ancillary services provided to inpatients.	\$12,401.9	53.9%
OUTPATIENT SERVICE REVENUE	The total billed value of outpatient services.	\$10,626.8	46.1%
TOTAL GROSS PATIENT SERVICE REVENUE	The total inpatient and outpatient revenue from services.	\$23,028.7	100.0%

* Data in millions (\$000,000)

2. Deductions from Revenue

TERM	DEFINITION	2004 TOTAL	% of Total
CONTRACTUAL ALLOWANCES	The difference between charges at established rates and the amounts realizable from third party payers under contractual agreements.	\$9,939.9	91.3%
OTHER DEDUCTIONS	The deductions including charity care and excluding contractual allowances.	\$940.0	8.7%
TOTAL DEDUCTIONS		\$10,879.9	100.0%

3. Total Operating Revenue

TERM	DEFINITION	2004 TOTAL	% of Total
NET PATIENT SERVICE REVENUE	The gross patient service revenue less deductions for contractual allowances and other deductions.	\$12,148.5	94.8%
OTHER OPERATING REVENUE	Incoming revenue not generated by patient services.	\$668.3	5.2%
TOTAL OPERATING REVENUE		\$12,816.8	100.0%

4. Operating Expenses

TERM	DEFINITION	2004 TOTAL	% of Total
SALARIES AND WAGES	The total payment at regular intervals for work or services of employees.	\$4,515.2	37.4%
EMPLOYEE BENEFITS	Fringe benefits in addition to salary. Fringe benefits include FICA taxes, pension plans, health and life insurance, unemployment taxes and worker compensation.	\$1,185.9	9.8%
DEPRECIATION/AMORTIZATION	Portion of tangible and intangible operating assets charged as an expense each fiscal year.	\$694.7	5.8%
INTEREST	The cost incurred for borrowing money. These costs are only for the value of funds received for loans given to the entity.	\$189.8	1.6%
BAD DEBT	The services rendered for which payment is anticipated and credit is extended to a patient. Expenses are estimated and recognized when providing an allowance for such amounts to be written off at the time that the accounts are deemed uncollectable.	\$652.1	5.4%
OTHER EXPENSES	Other outgoing dollars	\$4,827.7	40.0%
TOTAL EXPENSES		\$12,065.4	100.0%

* Data in millions (\$000,000)

5. Net Revenue and Expenses

TERM	DEFINITION	2004 TOTAL	% of Total
NET OPERATING REVENUE OVER EXPENSES	The deficit or surplus of funds gained when one subtracts the total operating expenses from the total operating revenue.	\$751.8	78.3 %
NET NonOPERATING GAINS OVER LOSSES	Same calculation for non-operating funds	\$207.8	21.7%
NET GAIN/LOSS		\$959.6	100.0%

6. Assets and Liabilities

TERM	DEFINITION	2004 TOTAL	% of Total
TOTAL ASSETS	All of the property, accounts receivable, cash, etc. of the hospital.	\$15,677.8	100.0%
TOTAL LIABILITIES	Sum of current liabilities, deferred credit, net long-term debt, and inter-company indebtedness.	\$8,263.1	100.0%

STATEMENT TWO: CONTRACTUAL ALLOWANCES BY PAYER GROUP

This section, Statement of Contractual Allowances by Payer Group, provides the difference between the revenue at established rates and the amount realizable from third party payers under contractual agreements.

TERM	DEFINITION "Gross Revenue minus contractual allowances ..."	2004 TOTAL	% of Total
MEDICARE	From federal Title 18.	\$3,847.5	30.9%
MEDICAID	From state/federal Title 19.	\$859.9	6.4%
OTHER GOVERNMENT	From local and state government sources other than Medicaid.	\$347.1	2.8%
COMMERCIAL INSURANCE	From all other payers including health maintenance organizations and commercial insurance plans.	\$7,389.1	59.3%
TOTAL ALLOWANCES		\$12,443.6	100.0%

STATEMENT THREE: UNIQUE HOSPITAL SERVICE OR FINANCIAL CATEGORY

This section, Statement of Unique Services or Finances, provides four unique sources of incoming revenue and outgoing expenses in the areas of donations, education, medical research, and grants.

TERM	DEFINITION	2004 TOTAL NET GAIN OR LOSS	% of Gross Patient Revenue
DONATION	Difference between incoming gifts from outside organizations and outgoing gifts (including cash) to organizations outside the hospital's corporate structure.	(\$3.1)	>0.1%
EDUCATION	Total net gain or loss from training medical professionals, educating inpatients, and educating the general public.	(\$127.9)	0.2%

* Data in millions (\$000,000)

RESEARCH	Net gain or loss between incoming revenues and outgoing expenses needed to provide research	(\$4.5)	> 0.1%
----------	---	----------------	--------

	services. Revenues include state or federal dollars given to the hospital for conducting scientific inquiry. Expenses include the cost of facilities, staffing, and equipment.		
HOSPITAL BIOTERRORISM GRANT FUNDINGS	FISCAL YEAR 2004 Grant Funding to Indiana Acute Care Hospitals from ISDH under federal Hospital Bioterrorism grants. All funding was expended during the fiscal year.	\$8.9	>0.3%
NUMBER OF INDIVIDUALS EDUCATED	Estimate of the total number of medical professionals (physicians, nurses, technicians and other medical professionals), hospital patients, and number of citizens exposed to health-education messages.	15.1	NA

STATEMENT FOUR: COST OF CHARITY AND SUBSIDIZED COMMUNITY BENEFITS

The final statement provides an estimate of the unreimbursed cost of hospitals in Indiana. The information is based on a 14-step methodology to calculate the charges by a hospital and compare that to the payments and cost adjustments by third party payers, community organizations, or individuals. The information is summarized for government and proprietary owners, and is expanded for nonprofit hospitals that must report additional information under the Charity Reporting Act (IC 16-21-9).

TERM	DEFINITION	2004 TOTAL	% of Total Net Patient Revenue
CHARITY CARE	The unreimbursed costs of providing, funding, and otherwise financially supporting health care services that never were expected to result in cash inflows and based on the hospital's adopted charity care policy to provide services free of charge to individuals who met the hospital's financial criteria.	(\$337,740,064)	2.6%
COMMUNITY BENEFITS	Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs and for medical education training. Total also includes community health education, community programs and services, and other unreimbursed costs.	(\$107,604,464)	1.6%

* Data in millions (\$000,000)

II. SUMMARY OF REVENUE AND EXPENSES

In 2004, the average acute care hospital will receive \$97.1 million dollars in revenue (after deductions) as payment for services, and will spend \$91.4 million dollars to pay for salaries for hospital employees, interest payments, and other expenses.

In total, the 132 hospitals will receive \$12.8 billion dollars (after deductions) as payment for services and will spend \$12.1 billion dollars to pay for expenses (See Table B)³.

TABLE B
ANNUAL TOTAL REVENUE AND EXPENSES, 2004

FISCAL INDICATOR	
1. Total Gross Patient Service Revenue	\$23,028,777,047
2. Total Deductions from Revenue	\$10,879,983,323
3. Total Operating Revenue	\$12,816,877,520
4. Total Operating Expenses	\$12,065,419,988
5. Total Net Gains over Losses	\$959,567,971

A. Inpatient and Outpatient Revenue

In 2004, 53.8% of all gross patient revenue was for inpatient care and 46.2% was for outpatient care (see Table C and D)⁴.

TABLE C
INPATIENT GROSS REVENUE PER DISCHARGE, 2004

TYPE OF HOSPITAL	GROSS INPATIENT REVENUE *	NUMBER OF DISCHARGES	GROSS INPATIENT REVENUE PER DISCHARGE
Small Hospitals	\$564.5	57,984	\$9,736
Medium	\$3,169.4	234,285	\$13,528
Large Hospitals	\$7,887.3	419,587	\$18,799
Specialized Hosp	\$1,010.0	31,248	\$24,965
All Hospitals	\$12,631.2	743,104	\$16,689

* Data in millions (\$000,000)

TABLE D

OUTPATIENT GROSS REVENUE PER VISIT, 2004⁵

TYPE OF HOSPITAL	GROSS OUTPATIENT REVENUE*	NUMBER OF VISITS	GROSS OUTPATIENT REVENUE PER VISIT
Small Hospitals	\$1,103.1	1,354,282	\$814.50
Medium	\$3,654.9	3,737,422	\$977.91
Large Hospitals	\$5,701.1	4,818,029	\$1,183.3
Specialized Hosp.	\$167.7	146,604	\$1,439.2
All Hospitals	\$10,626.8	10,056,338	\$1,057.3

* Data in millions (\$000,000)

B. Revenue by Third Party Payer

Table E shows the distribution of total revenues by key third party payers. The table shows Indiana efforts to serve the population over 65 years of age under the Medicare program, and adjust to the annual reconciliation by the U.S. Congress. The table also shows the relative importance of health maintenance organizations and commercial insurance plans to serve all communities of Indiana (see Table E).

TABLE E
PERCENTAGE OF NET PATIENT SERVICE REVENUE
BY THIRD PARTY PAYER, 2004

THIRD PARTY PAYMENT	TYPE OF HOSPITAL	NET PATIENT SERVICE REVENUE*	ACCUMULATIVE % OF PATIENT SERVICE REVENUE
Medicare	Small	\$307.5	2.4%
	Medium	\$1,175.3	11.7%
	Large	\$2,110.3	28.4%
Other Government	Small	\$52.7	28.8%
	Medium	\$214.4	30.6%
	Large	\$627.3	35.5%
Commercial/Private HMO	Small	\$564.1	39.9%
	Medium	\$2,305.5	58.2%
	Large	\$4,293.1	92.2%
Other	Specialized	\$498.3	100.0%
All Payers		\$12,148.5	100.0%

• Data in millions (\$000,000)

C. Income Statements by Hospitals

(1) By Peer Groups

- Out of the 132 hospitals, roughly 30 percent of the hospitals were small hospitals (under 150 beds) and 18 percent of the hospitals were large (over 300 beds). These 132 hospitals were located in 72 of the 92 counties in Indiana.
- In contrast, seven percent (7%) of the gross patient service revenue was generated by small hospitals, and 59 percent of total gross patient service revenue was generated by large hospitals (see Figure One and Table F).

FIGURE ONE
PERCENT OF HOSPITALS AND GROSS PATIENT REVENUE
BY PEER GROUP, INDIANA, 2004

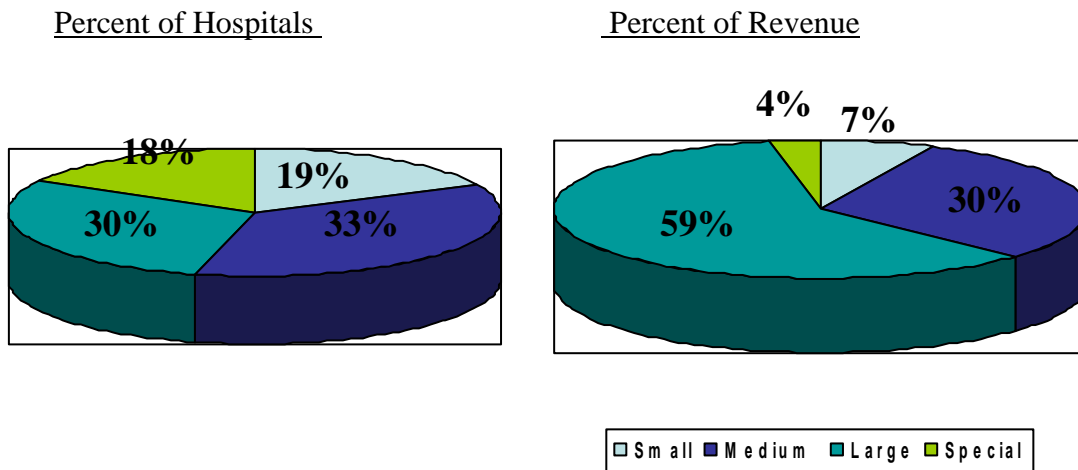


TABLE F
TOTAL EXPENDITURES, INDIANA,
SMALL, MEDIUM, AND LARGE HOSPITALS, 2004

FISCAL INDICATOR	Small Hospitals (Peer 1)	Medium Hospitals (Peer 2-3)	Large Hospitals (Peer 4-5)	Specialized Hospitals (Peer 7)
1. Total Gross Patient Service Revenue	\$1,667	\$6,824	\$13,589	\$948
2. Total Deductions from Revenue	\$687	\$3,026	\$6,067	\$427
3. Total Operating Revenue	\$980	\$3,484	\$6,932	\$333
4. Total Operating Expenses	\$939	\$3,561	\$7,107	\$458
5. Total Net Gains over Losses	\$41	\$237	\$415	\$63
6. No. of hospitals w neg operating margins	11	11	2	3

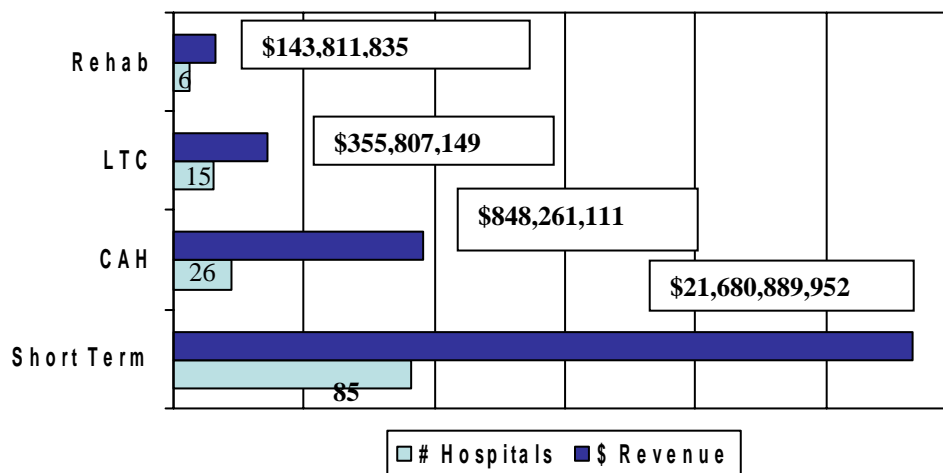
7. No. of Hospitals	40	43	24	25
---------------------	----	----	----	----

* Data in millions (\$000,000)

(2) By Type of Hospital

- 85 of the 132 hospitals, 64% of all hospitals, are organized to provide comprehensive *short term* general services. The other 36% of the hospitals offer specialized long-term-care acute service (15 hospitals), rehabilitation services (6 hospitals), or serve a rural community as a critical access hospital (26 hospitals)⁶.
- In contrast, 94% of the gross patient service revenue was generated by the short-term hospitals, and six percent (6%) of all other hospital types (see Figure Two).

FIGURE TWO
NUMBER OF HOSPITALS AND GROSS PATIENT SERVICE REVENUE
BY TYPE OF HOSPITAL, INDIANA, 2004



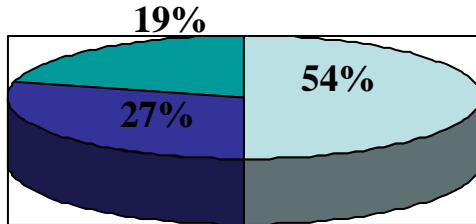
(3) Ownership of Hospitals

- By ownership of the hospital, there are three general categories: nonprofit, government-based, and proprietary ownership. Of the 132 hospitals, 50% were nonprofit (71 hospitals), 29% were government-based (35 hospitals) and 21% were proprietary (26 hospitals).
- In contrast, 72% of the gross patient service revenue was generated by nonprofits, 18% by government entities, and 10% by proprietary hospitals.

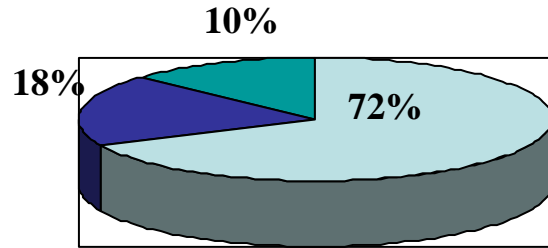
FIGURE THREE

PERCENT OF HOSPITALS AND GROSS PATIENT REVENUE
BY OWNERSHIP, INDIANA, 2004

PERCENT OF HOSPITALS



PERCENT OF REVENUE



□ Nonprofit ■ Government ■ Proprietary

TABLE G
TOTAL EXPENDITURES*, INDIANA
BY OWNERSHIP OF HOSPITALS, 2004

FISCAL INDICATOR	GOVERNMENT OWNERSHIP	NONPROFIT OWNERSHIP	PROPRIETARY OWNERSHIP
Total Gross Patient Service Revenue	\$4,100.7	\$16,565.1	\$2,362.9
Total Deductions from Revenue	\$1,692.3	\$7,334.6	\$815.0
Total Operating Revenue	\$2,408.4	\$9,230.5	\$1,177.9
Total Operating Expenses	\$2,300.2	\$8,767.4	\$997.9
Total Net Gains over Losses	\$108.2	\$463.1	\$180.0
Number of hospitals with neg. operating margins	7	15	5
No. of Hospitals	35	71	26

* Data in millions (\$000,000)

D. Three-Year Trend

During the last two years, there has been a ten percent increase in the total operating revenue of the hospitals, and an increase in the number of hospitals with negative operating margins (See Table H).

TABLE H
ANNUAL TOTAL EXPENDITURES*, INDIANA, 2001 – 2004
(Values shown in hundred thousands)

FISCAL INDICATOR	2002	2003	2004
1. Total Gross Patient Service Revenue	\$17,319.7	\$20,617.2	\$23,028.7
2. Total Deductions from Revenue	\$7,355.4	\$8,502.4	\$10,879.9
3. Total Operating Revenue	\$10,437.7	\$11,660.0	\$12,816.8
4. Total Operating Expenses	\$9,870.0	\$11,121.6	\$12,065.4
5. Total Net Gains over Losses	\$449.3	\$538.4	\$959.6
6. No. of hospitals w neg operating margins	26	27	27
7. No. of Hospitals	130	131	132

* Data in millions (\$000,000)

E. Three Year Margins

From a public perspective, the key concern must be to ensure access to hospitals for all citizens regardless of insurance plans, and to track hospitals that have experienced losses in receiving less revenue than expenses on annual basis. Table I provides a list of three hospitals that have experienced losses in the last three years.

TABLE I
IDENTIFICATION OF ACUTE CARE HOSPITALS
WITH THREE YEARS OF NEGATIVE TOTAL MARGINS⁷

* * * ANNUAL MARGIN * * * *				
NAME OF HOSPITAL	CITY	2002	2003	2004
Dukes Memorial Hospital	Peru	(\$1,193,707)	(\$3,577,068)	<u>(\$860,715)</u>
St Mary's Warrick	Boonville	(\$922,719)	(\$43,624)	<u>(\$1,463,098)</u>
St Vincent Mercy Hospital	Elwood	(\$255,089)	(\$339,915)	<u>(\$2,712,886)</u>

Click on 2004 Hospital value to access individual report.

* Data in millions (\$000,000)

III. Assessing Financial Health of Hospitals

Table J shows 12 performance indicators selected, analyzed and posted by ISDH staff with each 2004 fiscal report⁸. These indicators are key financial and operating indicators needed to compare hospitals of similar size. This table shows the indicators and the average values for larger hospitals in fiscal year 2003 and 2004.

Each hospital fiscal report will compare each hospital's values to similar-sized hospitals in its peer group: small, medium, large, and specialized.

TABLE J

**ISDH PERFORMANCE INDICATORS USED IN EACH HOSPITAL REPORT AND THE AVERAGE
VALUE SUBMITTED BY LARGE HOSPITALS in INDIANA⁸**

Range of Values

<i>PERFORMANCE INDICATOR</i>	<i>METHODOLOGY</i>	<i>AVERAGE 2003</i>	<i>AVERAGE 2004</i>
1. # of FTE's	<i>Number of Full Time Equivalents</i>	2,212	2,262
2. % of Salary	<i>Salary Expenses divided by Total Expenses</i>	37.8%	36.6%
3. Average Daily Census	<i>Patient Days divided by annual days (365 days)</i>	237.6	251.5
4. Average Length of Stay	<i>Number of Patient Days divided by the Number of Discharges</i>	5.1	5.1
5. Price of Medical/Surgical care per stay	<i>Total Medical/Surgical charges divided by the Medical/Surgical discharges</i>	\$3,042	\$3,873
6. Gross Price per Discharge	<i>Gross Inpatient Revenue divided by the Total Discharges</i>	\$17,323	\$19,901
7. Outpatient Revenue Percentage	<i>Outpatient Revenue divided by the Gross Total Revenue</i>	40.9%	41.1%
8. Gross Price per Visit	<i>Gross Outpatient Revenue divided by the Total Outpatient Visits</i>	\$1,022	\$1,295
9. % of Medicare	<i>Medicare Revenue divided by the Gross Patient Revenue</i>	39.5%	40.6%
10. % of Bad Debt	<i>Bad Debt Expense divided by the Gross Operating Expenses</i>	4.5%	4.3%
11. Charity Allocation	<i>Unreimbursed costs of providing services to patients under adopted charity policy</i>	(\$10,021,313)	(\$5,489,682)
12. Net Margin	<i>Excess of Revenue over Expenses divided by the Total Operating Revenue</i>	4.3	5.9

FOOTNOTES

1. Definitions of terms in Table A were abstracted from Indiana law and definitions from the Year 2004 Hospital Statistics from the American Hospital Association.
2. Majority of numbers shown in this statewide summary are shown in hundred thousands for ease of reading. Accordingly, the total gross patient revenue of 132 hospitals is \$23.0 billion dollars or \$23,028,777,047 in fiscal year 2004.
3. Data shown in this summary and in the individual hospital reports are in a unique electronic format designed to satisfy Indiana law (Indiana Code 16-21-6-3). Statistics reflect the costs for the hospital only. These reports are displayed with no editing by ISDH staff. This information represents all acute care hospitals licensed under IC 16-21-1. The reports do not include psychiatric hospitals licensed under IC 12-25.

Each hospital has submitted information on a secure web site. Indiana hospital Chief Financial Officers, interested in further information on reporting, should contact ISDH staff.

Citizens may also request ISDH staff to create paper copies of the audited financial statement and Medicare Cost Reports. Both reports are on file for each acute care hospital and retained for three years in a paper format at the ISDH. Both reports reflect the total costs of the larger filing corporation.

It is estimated that statistics in Table B represent roughly 98 percent of the revenue and expenses for all hospitals in Indiana. One should note that not all hospitals filed in any one fiscal year. These reports contain three reports from FY 2003 and one report for FY 2005.

4. Table C displays the key financial indicators for hospitals in four categories: small, medium, large, and specialized hospitals. One will note that the revenue for the larger hospitals represent 59.0 percent of all revenue, but only 18.0 percent of the total number of hospitals.

Table C represents the gross inpatient revenue per discharge. The statistic is derived by dividing the gross inpatient revenue by the number of discharges. In comparison, according to a national publication, the statewide average for 2004 of \$11,340 can be compared to average equivalent revenue per discharge of \$10,656 in the East North Central United States. (Source: W Cleverley, PhD. Almanac of Hospital Financial and Operating Indicators, 2006 [hence Almanac]).

5. Table D presents the amount of outpatient revenue in fiscal year 2004. In 2004, the percent of outpatient revenue was 46.1%. That can be compared to an average outpatient percentage of 51.75% for the East North Central United States.

6. Figure 2 displays the key financial indicators by hospital type. The definition of those hospital types are displayed below:

Critical Access Hospital (CAHs) are small, rural community hospitals that receive cost-based reimbursement. To be designated a CAH, a rural hospital must meet defined criteria that are outlined in the Conditions of Participation (42 CFR 485) and subsequent legislative refinements to the program through the BBRA, BIPA, and Medicare Modernization Act.

Long Term Hospitals have an average patient length of stay of greater than 25 days.

Rehabilitation Hospitals provide medical, health-related social and/or vocational services to disabled individuals to help them attain their maximum functional capacity.

General or Short-Term Hospitals have an average patient length of stay of 25 days or less.

7. In Table I, there is a presentation of three hospitals that have experienced losses during the last three years.
8. Table J presents key financial and operating indicators needed to compare hospitals of similar size. The table shows the average values for larger hospitals in Indiana in 2004. Utilization and charge statistics were not adjusted for severity, case mix, and any of a variety of other factors that could affect comparisons among facilities. All interpretations of actual data and all comparisons of one facility to another should be made with caution.

Table J also presents the total margins in fiscal year 2004. The statistic is derived by dividing the total patient service revenue by the total net gain or loss of the hospital. According to the Almanac, the statewide average of 4.3 can be compared to average total margins of 3.1 for the East North Central United States.